

VILLAGE OF THORNVILLE

1 South Main Street
P.O. Box 607
Thornville, Ohio 43076

Phone: 740-246-6020
Fax: 740-246-5044

Employment Application

Date: _____

Name: _____
Last First Middle Maiden

Mailing Address: _____
Street/ (P.O. Box) City State Zip

Number of Years at this Address: _____

If less than 6 months, list previous Address: _____

Telephone Number: _____

Are you age 18 or over? Yes No

If no, give Date of Birth: _____

Position Applied for: _____ Salary/Wage Desired: _____

Available Start Date: _____

Education

High School _____ Number of Years Completed _____

School Location: _____

College: _____ Number of Years Completed _____

College Location _____

Business or Trade School _____ Number of Years Completed _____

Location: _____

Professional School _____ Number of Years Completed _____

Location: _____

Do you have a Valid Driver's License: Yes No

Do you have a reliable means of transportation to work: Yes No

References

Please provide the Name, Address and Telephone Number of at least two references who are not related to you.

Name	Address	Telephone Number	Years Known
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Name	Address	Telephone Number	Years Known
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Work Experience

List your last two places of employment below (list most recent first):

Employer Name: _____
Address: _____
Phone Number: _____
Name of Supervisor: _____
Employment Dates: _____
Last Position Held: _____
Rate of Pay: _____
Reason For Leaving: _____
Summary of Job Duties: _____

Employer Name: _____
Address: _____
Phone Number: _____
Name of Supervisor: _____
Employment Dates: _____
Last Position Held: _____
Rate of Pay: _____
Reason For Leaving: _____
Summary of Job Duties: _____

I hereby agree that the information provided is entirely factual. In the event that misinformation is deliberately provided by an applicant they would be subject to disciplinary action up to and including immediate discharge.

Signature: _____ Date: _____