

Village of Thornville

1 South Main Street PO BOX 607 Thornville, OH 43076

Phone: 740-246-6020 Fax: 740-246-5044 Website: thornville.gov

Employment Application

Date:						
Name:						
Last First		st	Middle		Maiden	
Mailing Address: Street (P.O. Box)		C	Lity	State	Zip	
Number of Years at this Add	dress:					
If less than 6 month, list pre-	vious address:					
Telephone Number:						
Are you age 18 or over?	Yes	No				
Position Applied For:				Salary/Wage Desired:		
Available Start Date:						
EDUCATION						
High School:			Numb	er of Years Compl	eted:	
School Location:						
College:			Numb	er of Years Comple	eted:	
School Location:						
Business or Trade School:			Numb	er of Years Compl	eted:	
School Location:						
Do you have a Valid Driver'	s License:	Yes	No			
Do you have a reliable mean	ns of transport	ation to work:	Yes	No		

REFERENCES

Please provide the Name, Address & Telephone Number of at leaset two references who are not related to you. Name Address Telephone Number Years Known Name Address Telephone Number Years Known WORK EXPERIENCE List your last two places of employment (list most recent first:) **Employment Dates: Employer Name:** Address: Phone Number: Name of Supervisor: Last Position Held: Rate of Pay: Summary of Job Duties Reason for Leaving: **Employment Dates: Employer Name:** Address: Phone Number: Name of Supervisor: Last Position Held:

Reason for Leaving:

Summary of Job Duties:

Rate of Pay:

I hereby agree that the information provided is entirely factual. In the event that misinformation is deliberately provided as applicant, I understand that I may be subject to disciplinary action up to and including termination.

Signature: Date: