



PRE-EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Qualified applicants for employment are considered for available positions without regard to race, religion, color, gender, national origin, age, disability or other legally protected status.

NOTE: The Village accepts applications only for currently posted positions.

Village of Bremen, Ohio
P.O. Box 127
9090 Marietta Road SE
Bremen, Ohio 43107

PERSONAL INFORMATION

Name: _____ SS#: _____
Last First Middle

Address: _____
Address City State Zip Code

Home Telephone: (_____) _____ Other Telephone: (_____) _____

Email Address: _____

JOB INTEREST

Position of Interest: _____

Date Applied: _____ Approximate Date of Availability: _____

GENERAL INFORMATION

Have you ever been employed by the Village of Bremen? Yes No

If yes, please provide dates previously worked and position(s) held: _____

Are you on layoff by an employer, subject to recall? Yes No

Are you related to any current Village of Bremen employee or elected official? Yes No

If yes, disclose name and relationship: _____

Are you prevented from lawful employment because of immigration or visa status? Yes No

NOTE: Proof of citizenship or immigration is required by federal law upon employment.

Have you read the job description of the position for which you are applying? Yes No

Are you capable of performing the essential job functions? Yes No

EDUCATION

Indicate the highest level accomplished (elementary and secondary):

1 2 3 4 5 6 7 8 9 10 11 12

Indicate the highest level accomplished: College Undergraduate:

1 2 3 4

Graduate School:

1 2 3 4

| Type of School | Name & Location of School | Degree | Area of Study |
|--|---------------------------|--|---------------|
| High School | | Graduated? Yes No or GED: Yes No | |
| College, University, Business, Tech, Vocational, or Military Academy | | Dates Attended (Mo./Yr. to Mo./Yr.): From: _____ To: _____ Degree: _____ | |
| Graduate or Professional School | | Dates Attended (Mo./Yr. to Mo./Yr.): From: _____ To: _____ Degree: _____ | |

Are you currently enrolled in an educational program? Yes No If yes, what is your main course of study and where are you attending? _____

LICENSES, CERTIFICATIONS, REGISTRATIONS

I possess: A valid Driver's License _____
State and Number

A valid Commercial Driver's License _____
State and Number

Professional/Technical Licenses and Registrations

| Type | State | Number | Expiration Date (if any) |
|------|-------|--------|--------------------------|
| | | | |
| | | | |

MILITARY SERVICE

Were you in the U.S. Armed Forces: Yes No If yes, what branch? _____

Dates of Service: From: _____ to _____ Rank: _____

Technical Specialization: _____

AWARDS, HONORS, ACHIEVEMENTS, INTERESTS

Please list any awards, honors, achievements, volunteer or community services activities, special interests, hobbies, or any organizations of which you are/have been a member. Please indicate any positions of leadership previously/currently held.

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TRAINING AND OTHER QUALIFICATIONS

Please list any training you feel is relevant to the position for which you are applying:

| Subject Area of Training | Organization Providing Training | Year Training Received |
|--------------------------|---------------------------------|------------------------|
| | | |
| | | |
| | | |

Please use this area to briefly describe any additional information or special qualifications you have for the position for which you are applying. Please be sure to include any special machinery, office equipment, software, tools, vehicles, or other job-related items.

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EXPERIENCE

Starting on the next page, list your work experience starting with your current/most recent employer. Please include all employment whether full-time, part-time, seasonal, or temporary during the past ten years. You may include additional experience beyond the past ten years if you desire and you are encouraged to do so if it is related to the position you are seeking. You may attach additional pages, if necessary. Please not use a résumé as a substitute for completing this section; however, you may attach a résumé to supplement the information contained within this employment application.

Current/Most Recent Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for Leaving: _____

The Village of Bremen may contact former employers. If you prefer that we do not contact your present employer until such time as a conditional offer of employment is made, please check this box:

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for Leaving: _____

EXPERIENCE (continued)

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for Leaving: _____

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (____) _____

Position Held: _____ Salary: _____

Dates of Employment: _____ to _____ Type of Employment: Full-Time Part-Time Seasonal/Temporary

Description of duties and responsibilities:

Reason for Leaving: _____

REFERENCES

Please list three individuals, other than relatives, whom we may contact as references regarding your character, ability, or experience.

| Name | Home Phone Number (with area code) | Work Phone Number (with area code) | Type of Reference (personal, professional, educational, etc.) |
|-------------|---|---|--|
| | | | |
| | | | |
| | | | |

CERTIFICATION AND STATEMENT OF UNDERSTANDING

READ EACH STATEMENT CAREFULLY BEFORE SIGNING...

I, the undersigned applicant, understand that any false statement made on this application, a résumé or any other employment document may cause rejection of an application, removal from employment consideration or may serve as grounds for discharge after appointment.

Applicant's Initials: _____

I agree to take any lawful medical examination, drug/alcohol screen, honesty detection/polygraph examination or written examination required by Village of Bremen upon receiving a conditional offer of employment. Further, I agree to release any and all medical information that may be developed during any pre-employment physical examination to those who have the need to evaluate such information. I authorize investigation of my credit, driving record and a comprehensive criminal and employment history review. I also understand that some, if not all the content of the subject exams, screenings, tests, records reviews and background investigations may become public record. I release all persons, companies and Village officials conducting any lawful investigation from any liability.

Applicant's Initials: _____

I understand that neither this employment application nor an offer of employment constitutes an employment contract, unless a specific written document to that effect is executed by the Village of Bremen Council.

Applicant's Initials: _____

I agree that any claim or lawsuit relating to my service with Village of Bremen must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Furthermore, I agree that this application will be considered active for twelve (12) months from the date filed. If I am hired, it becomes part of my official employment record.

Applicant's Initials: _____

I, the undersigned applicant, do solemnly swear and declare that I am the person mentioned herein, and that all answers or statements made are true to the best of my knowledge.

Signature: _____ Date: _____

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