



Village of McComb

210 East Main Street - P.O. Box 340 ~ McComb, Ohio 45858-0340
Phone 419-293-3521 ~ Fax 419-293-2436

APPLICATION FOR EMPLOYMENT An Equal Opportunity Employer

Please complete this application by typing or printing in ink. INCOMPLETE or UNSIGNED applications will not be considered.

All applicants are considered without regard to race, color, gender, religion, national origin, age, marital or veteran status, mental or physical disability unrelated to job performance or any other legally protected status.

POSITION APPLYING FOR: _____ DATE: _____

PERSONAL INFORMATION

Legal Name: First _____ Last _____ Middle Initial _____

Address: Street _____ City _____ State _____ Zip code _____

Home Telephone: _____ Mobile Telephone: _____

E-mail: _____ Social Security #: _____

Driver's License #: _____ State: _____
(if position requires operation of a company vehicle)

Are you legally eligible for employment in the United States? Yes No

United States Visa status, if applicable: _____

Have you been convicted of a felony? Yes No

If yes, please explain circumstances: _____

Are you at least 18 years old? Yes No

POSITION INFORMATION

Position(s) applying for: _____ Salary desired: \$ _____

Employment status desired: Full Time Part Time Temporary

What hours are you available to work? _____

If hired, when could you start? _____

How did you hear about this job? _____

EMPLOYMENT HISTORY *(Most recent first)*

1. Job Title: _____ Duties: _____
Employer: _____
Dates of Employment (month / year)
From: _____ To: _____
Starting Salary: _____ Ending Salary: _____ Full Time Part Time Temporary
Employer's Address: _____
Supervisor: _____ May we contact? Yes No Phone: _____
Reason for Leaving: _____

2. Job Title: _____ Duties: _____
Employer: _____
Dates of Employment (month / year)
From: _____ To: _____
Starting Salary: _____ Ending Salary: _____ Full Time Part Time Temporary
Employer's Address: _____
Supervisor: _____ May we contact? Yes No Phone: _____
Reason for Leaving: _____

3. Job Title: _____ Duties: _____
Employer: _____
Dates of Employment (month / year)
From: _____ To: _____
Starting Salary: _____ Ending Salary: _____ Full Time Part Time Temporary
Employer's Address: _____
Supervisor: _____ May we contact? Yes No Phone: _____
Reason for Leaving: _____

4. Job Title: _____ Duties: _____
Employer: _____
Dates of Employment (month / year)
From: _____ To: _____
Starting Salary: _____ Ending Salary: _____ Full Time Part Time Temporary
Employer's Address: _____
Supervisor: _____ May we contact? Yes No Phone: _____
Reason for Leaving: _____

EDUCATION

Type of school	Name and Location	Dates Attended	Degree Received	Subjects Studied	Did you graduate?
High School					
College/University					
Graduate School					
Tech School					
Other					

Special courses, training or experience acquired, including military experience: _____

SKILLS

Clerical / Office skills: _____

Computer skills

Name of software: _____

Languages: _____

Other special knowledge or skills: _____

Please describe any other experience, abilities or skills that might be helpful in considering your application:

CERTIFICATION & AUTHORIZATION

I hereby certify that all statements made in this application are true and correct to the best of my knowledge and belief. I understand that any misrepresentations or omissions of facts in this application are grounds for disqualification from further consideration or for dismissal from employment.

I authorize the company to inquire into my educational, professional and past employment history references as needed to research my qualifications for this position.

If employed, I agree to conform to the rules, regulations and policies of the company. I understand that I will be an employee "at will" and either the company or I may terminate my employment relationship at any time for any reason not in violation of law.

I hereby acknowledge that I have read and fully understand the forgoing and seek employment under these conditions.

Signature of Applicant

Date