



Village of Silver Lake
 2961 Kent Road
 Silver Lake, Ohio 44224
 330.923.5233
 Villageofsilverlake.com

Employment Application

EQUAL OPPORTUNITY EMPLOYER

APPLICANT INFORMATION

Name				Date	
Street Address				Apartment/Unit #	
City		State		ZIP	
Phone			E-mail Address		
Position Desired					
Are you 18 or over?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date Available	Salary Desired	
Are you a citizen of the United States?			If no, are you authorized to work in the U.S.?		
Yes <input type="checkbox"/> No <input type="checkbox"/>			Yes <input type="checkbox"/> No <input type="checkbox"/>		
Have you ever worked for this company?			If so, when?		
Yes <input type="checkbox"/> No <input type="checkbox"/>					
Have you ever been convicted of a felony?			If yes, explain:		
Yes <input type="checkbox"/> No <input type="checkbox"/>					

EDUCATION

Name & Location of School	How Many Years Attended	Graduated? (Yes or No)	Subjects Studied
High School			
College			
Other			

GENERAL INFORMATION

Subjects of special study/research	
Work or special training/skills	
U.S. Military	Rank

REFERENCES

Please list three professional references, not related to you, whom you have known at least one year.

Name	Phone or Email	Relationship	Years Known

PREVIOUS EMPLOYMENT

Company Name & Address		Phone or Email	
Job Title	Supervisor		
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company Name & Address		Phone or Email	
Job Title	Supervisor		
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

Company Name & Address		Phone or Email	
Job Title	Supervisor		
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I authorize an investigation, as permitted by law, concerning any criminal conviction in my background and pertinent information involving my personal credit history.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

Signature	Date
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DO NOT WRITE BELOW THIS LINE

REMARKS:		
Start Date:	Position:	Wage:
Approved:	Date:	