

Village of Alexandria

APPLICATION FOR EMPLOYMENT

P.O. Box 96
Alexandria, Ohio 43001-0096
(740) 924-2539
www.AlexandriaOhio.weebly.com
www.AlexandriaPD.com

Date of Application _____

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, ancestry, age or marital status or the presence of a non-related condition or disability.

Instructions for Completing Application

Please read all instructions carefully and complete all sections of the application completely and accurately. It is your responsibility to provide sufficient information on this application to indicate that you meet the minimum qualifications for the job for which you are applying. Current employees and volunteers are required to have an application on file and resubmit at the time of applying for a new position within the Village.

EMPLOYMENT INFORMATION

Type of Employment:

- Full time Part time Reserve/Auxiliary Volunteer Elected Appointed

R

Position Applied for (Including Elected and Appointed officials):

- Mayor Council Village Administrator Fiscal Officer Magistrate Solicitor
 Chief Marshal Police Officer Street Department Water/Sewer Supervisor Bailiff Mayor's Court Clerk
 Zoning Enforcement Officer Water/Sewer Department Worker Other _____

Have you ever been employed by the Village of Alexandria? Yes No If yes, Position(s) _____

Do you have a relative working for the Village of Alexandria? Yes No If yes, Name & Relationship _____

Are you prevented from being employed due to citizenship/immigration issues? Yes No

Do you have a valid Ohio Drivers License? Yes No **CDL** Yes No Ohio License Number _____

Are you able to speak or write any language(s) other than English? Yes No If yes, Specify _____

APPLICANT GENERAL INFORMATION

Date you can start: _____ Social Security Number: _____

Name: _____ Date of Birth: _____
Last First Middle

Current Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Telephone: (____) _____ Home (____) _____ Mobile Receive Text? Yes No

Email Address: _____

SOCIAL MEDIA LinkedIn FaceBook Twitter Instagram

User Names: _____

EMERGENCY CONTACT: _____ PHONE (____) _____ RELATIONSHIP _____

GENERAL INFORMATION FOR ALL APPLICANTS

Please check the box next to each statement to show that you have read it, understand what it means and will comply.

- Interviews will be scheduled for selected applicants. Participation in the interviews for a certain position does not ensure employment for that position or future positions.
- The Village of Alexandria prohibits all forms of smoking, use of tobacco, use of drugs and alcohol in and on its premises and in vehicles owned by the Village of Alexandria.
- Applications containing incomplete and/or non-requested information will not be considered. Disabled applicants may request assistance in completing the application.
- The Village of Alexandria requires criminal background checks of job applicants under final consideration for employment and every five (5) years for essential employees.
- Applicants under final consideration for employment may be required to undergo a drug screening, and for certain positions, a physical examination may be required. The cost is to be paid by the applicant, except if otherwise noted in the O.R.C.
- Immigration Reform and Control Act of 1986: Applicants under final consideration will be required to show proof of U.S. Citizenship or identity and employment eligibility.
- The Fair Credit Reporting Act requires employers to provide potential employees with notice that a criminal records check through a consumer reporting agency will be conducted. Results from the criminal records check may or may not have an adverse affect on the final consideration of employment.
- It is understood that this application and all other pre-employment documents become the property of the Village of Alexandria.

EDUCATIONAL BACKGROUND

Type of School	Name	Address	Diploma/Degree	Graduated
High School	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

EMPLOYMENT HISTORY

List your employers, assignments or volunteer activities, starting with the most recent, including recent military experience. Explain any gaps in employment in the Comments Section. Include employers from the last 10 years.

Employer: _____	Dates Employed: Month/Year	Month/Year
Address: _____	From _____	To _____
City: _____ State ___ Zip _____	Rate of Pay: Start _____	Final _____
Telephone (____) _____	Job Title: _____	
Immediate Supervisor: _____	Supervisor's Title: _____	
Supervisors' Telephone: (____) _____	May we contact for reference/verification? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later	
Summarize the nature of the work performed: _____		

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip_____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip_____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip_____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip_____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip_____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____

Employer: _____

Dates Employed: Month/Year Month/Year

Address: _____

From _____ To _____

City: _____ State__ Zip_____

Rate of Pay: Start _____ Final _____

Telephone (____) _____

Job Title: _____

Immediate Supervisor: _____

Supervisor's Title: _____

Supervisors' Telephone: (____) _____

May we contact for reference/verification? Yes No

Summarize the nature of the work performed: _____

Reason for Leaving: _____

RESIDENTIAL HISTORY

List you residences, starting with the most recent. Include all residences from the last 10 years.

Address	City	County	State	Zip	Dates	Own/Rent
1. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
2. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
3. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
4. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
5. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
6. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
7. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
8. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
9. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent
10. _____					-	<input type="checkbox"/> Own <input type="checkbox"/> Rent

COMMENTS

Other certifications and/or qualifications (Attach all certifications): _____

Please explain any gaps in employment: _____

REFERENCES

List name and telephone number of three business/work references who are not related to you, and who have knowledge of your work ethic, experience and abilities. Referenced individual must have known you for a minimum of 7 years.

Name	Telephone	Years Known	Relationship
_____	() _____	_____	_____
_____	() _____	_____	_____
_____	() _____	_____	_____

MILITARY SERVICE

Have you served in the Armed Forces of the United States? Yes No

Dates Served: (Month/Day/Year) From _____ To _____

What Branch of the Service? _____

Describe Duties while in the service: _____

PERSONAL STATEMENT

What specific qualifications, skills and abilities make you qualified for the position for which you are applying?

CRIMINAL RECORDS BACKGROUND CHECK

Have you been charged, convicted or plead guilty to a crime (other than minor traffic violation): Yes No

Date	Charge	Court	Felony/Misdemeanor	Disposition
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____

“I authorize the unconditional release of all information, including sealed records, police reports, court records, and medical records which may otherwise be considered confidential under Chapter 1347 of the Ohio Revised Code, Personal Information System, Ohio Revised Code, Section 2953.31-2953.36.”

Yes No



APPLICANT'S STATEMENT

Please be advised that all information supplied on this application is subject to verification. Be fully truthful and do not evade questions. The Ohio Revised Code provides penalties for making a false statement of a material fact or for practicing fraud or deception in obtaining or attempting to obtain public employment such penalties include rejection for appointment or discharge after appointment and/or prosecution.

I now certify that the facts contained in this application are true and complete. Any misrepresentation or falsification of information or significant omissions will be cause for rejection of my application or subsequent discipline up to and including my dismissal from employment if discovered at a later date. I give the employer and/or its agents, including consumer reporting bureaus, the right to investigate any and all statements made in this application for the purpose of employment and retention of employment. This investigation may include, but is not limited to, credit reports, criminal conviction records, motor vehicle driving records and previous employment history. Further, I hereby release from liability and hold harmless this employer, its representatives, all persons and organizations/companies for furnishing such information. It is understood that this application and all other pre-employment documents become the property of the Village of Alexandria.

Signature of Applicant: _____

Date: ____/____/____

Do not write below this line – For Village Officials only.

Notes:

Application Received: Date _____ Time _____

Date of Hire/Election/Appointment: _____

Accepting Village Official & Position: _____

Position Hired/Elected/Appointed to: _____

Interview set for: Date _____ Time _____

Rate of Pay: \$ _____ per _____

Village Officials present for Interview:

End of Elected Term: Date _____ FT PT Reserve

_____ Position _____

Hired/Appointed by: _____ Start Date: _____

_____ Position _____

_____ Position _____

_____ Position _____

_____ Position _____

_____ Position _____

_____ Position _____



Alexandria Marshal's Office

DIVISION OF POLICE
4 West Main Street ~ Box 96
Alexandria, OH 43001
740.924.2539
www.AlexandriaPD.com



CHIEF MARSHAL - DAN BUNTING

MAYOR - JAMES JASPER

Consent & Release Form for Law Enforcement Employee's/Applicants Only

I, _____, as an employee/applicant of the Village of Alexandria Marshal's Office, Division of Police, hereby acknowledge that the Village of Alexandria Marshal's Office, Division of Police policy requires me to submit to drug and or alcohol testing for employment as a Law Enforcement Officer.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my system. I hereby freely and voluntarily consent to this request for a designated sample (i.e. Blood Breathor Urine) for drugs and or alcohol, and agree to participate in the testing program.

I hereby and herewith release the Village of Alexandria, Alexandria Marshal's Office, Division of Police, its employees, agents and contractors from any and all liability whatsoever arising from this request for testing, from the actual testing procedures, and from decisions made concerning my application for or continuation of employment based on the results of the analysis. I agree to cooperate in all aspects of the testing program.

I hereby authorize the release of my drug and/or alcohol test results to the contractor's Medical Review Officer (MRO), and/or to the Village of Alexandria, Alexandria Marshal's Office, Division of Police examining physician, as provided by the Village of Alexandria.

I further acknowledge that the Alexandria Marshal's Office, Division of Police has provided me with an opportunity to ask questions related to its drug and alcohol testing program and that all my questions have been answered.

Employee/Applicant Signature: _____

Employee/Applicant Printed Name: _____

Date of Signature: _____



Alexandria Marshal's Office

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CHIEF MARSHAL - DAN BUNTING

MAYOR - JAMES JASPER

AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, do hereby authorize the Veterans Administration, U.S. Navy, Army, Air Force, Marine Corps, Coast Guard, current and/or former employers, Medical and/or Psychological Doctors, Insurance Companies, Schools, Colleges, Universities, State and Federal Tax Bureaus, Credit Bureaus, Municipal, County, State and Federal Law Enforcement, Municipal, County, State and Federal Courts and Private Information Companies to furnish the Alexandria Marshal's Office, Division of Police with any and all available information regarding me, in order for the Village to determine my suitability to work. I authorize the Alexandria Marshal's Office, Division of Police to make inquiries of my present and past employers regarding my character, integrity, and reputation. Exceptions, if any:

Signed: _____

Date: _____