

# VILLAGE OF THORNVILLE

1 South Main Street  
P.O. Box 607  
Thornville, Ohio 43076

Phone: 740-246-6020  
Fax: 740-246-5044

## Employment Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Maiden

Mailing Address: \_\_\_\_\_  
Street/ (P.O. Box) City State Zip

Number of Years at this Address: \_\_\_\_\_

If less than 6 months, list previous Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Are you age 18 or over?  Yes  No

If no, give Date of Birth: \_\_\_\_\_

Position Applied for: \_\_\_\_\_ Salary/Wage Desired: \_\_\_\_\_

Available Start Date: \_\_\_\_\_

## Education

High School \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

School Location: \_\_\_\_\_

College: \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

College Location \_\_\_\_\_

Business or Trade School \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Location: \_\_\_\_\_

Professional School \_\_\_\_\_ Number of Years Completed \_\_\_\_\_

Location: \_\_\_\_\_

Do you have a Valid Driver's License:  Yes  No

Do you have a reliable means of transportation to work:  Yes  No

# References

Please provide the Name, Address and Telephone Number of at least two references who are not related to you.

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| Name | Address | Telephone Number | Years Known |
|------|---------|------------------|-------------|
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| Name | Address | Telephone Number | Years Known |
|------|---------|------------------|-------------|
|------|---------|------------------|-------------|

# Work Experience

List your last two places of employment below (list most recent first):

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Last Position Held: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Summary of Job Duties: \_\_\_\_\_

Employer Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Last Position Held: \_\_\_\_\_  
Rate of Pay: \_\_\_\_\_  
Reason For Leaving: \_\_\_\_\_  
Summary of Job Duties: \_\_\_\_\_

I hereby agree that the information provided is entirely factual. In the event that misinformation is deliberately provided by an applicant they would be subject to disciplinary action up to and including immediate discharge.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_