
EXPERIENCE

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 employment you are seeking. You may attach additional pages, if necessary. Please not use a resume as a substitute for completing this section; however, you may attach a resume 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 Mantua 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 block:

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

I certify that all of the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the Village of Mantua may investigate the information I have furnished and I realize that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.

Signature: _____

Date: _____

ACKNOWLEDGEMENT & RELEASE

(Please read thoroughly before signing.)

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the Village of Mantua with the understanding that the Village may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the Village of Mantua, are a prerequisite to my appointment to a position with the Village of Mantua.

In addition, I also hereby understand that the Village of Mantua cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the Village relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village of Mantua is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time for any reason, except as otherwise determined by the Charter and Ordinances of the Village of Mantua or applicable law. It is further understood that this "at will" employment relationship may not be changed by any written document or contract unless such change is specifically acknowledged in writing by the authorized executive of the Village.

Therefore, in consideration of my employment application being reviewed and considered by the Village of Mantua I, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the Village of Mantua and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results there from.

Signature of Candidate: _____

Date: _____

Signature of Witness: _____

Date: _____

PRE-EMPLOYMENT DRUG TESTING CONSENT

I understand that, as a candidate for employment with the Village of Mantua, I must, in order to be appointed to a position with the Village of Mantua, voluntarily consent to, and pass, a drug screening to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested, if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used, or if masking agents are detected in any specimen I provide as part of the testing procedure.

I hereby knowingly and voluntarily consent to participate in a substance abuse screening and authorize the Village of Mantua to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said screening. In addition, I authorize the designated testing laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the Village of Mantua and its representative. I further release the Village of Mantua, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Candidate:

Date:

Signature of Witness:

Date:

I refuse to consent to a drug screening.

Signature of Candidate:

Date:

Signature of Witness:

Date:

DRUG AND ALCOHOL TESTING**ACKNOWLEDGEMENT, RELEASE AND CONSENT**

I acknowledge that the Village of Mantua has an Employee Drug Testing Program, which requires employees to submit to drug and/or alcohol testing under the following circumstances: when the Village has reasonable suspicion to believe that an employee is under the influence of illegal drugs or alcohol while on Village premises or on Village business; following a serious violation safety policies, rules, and regulations; or following a work-related accident resulting in any of the following: bodily injury (other than minor abrasions/contusions) to the employee or any third party requiring off-site medical attention; issuance of a traffic citation to the employee for a moving violation in connection with a vehicular accident; vehicular damage in apparent excess of \$1,000; non-vehicular property damage in apparent excess of \$500; any accident involving fatalities.

I understand that should I be appointed to a position with the Village of Mantua, the Village may request my participation in a drug and/or alcohol test one or more times during my employment with the Village. I further understand that I would be subject to appropriate disciplinary action including suspension or dismissal if the test results are positive, if masking agents are detected in specimens provided by me in conjunction with the testing procedure, or if I refused to be tested.

I hereby knowingly and voluntarily consent to further drug and/or alcohol testing after appointment to a position with the Village of Mantua, based upon the terms and conditions specified above, during the term of my employment with the Village of Mantua. I authorize the Village to conduct, through its designated testing laboratory or other licensed/certified medical professionals/ technicians, urinalysis, blood, saliva, or breath testing. In addition, I authorize the designated testing laboratory or other medical professionals/technicians to release any and all information regarding the tests, including their results, to the Village of Mantua and its representatives. I further release the Village of Mantua, its officers, directors, employees, agents, representatives from any and all claims, suites, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from the tests.

Signature of Candidate:

Date:

Signature of Witness:

Date:

**VILLAGE OF MANTUA
FAIR CREDIT REPORTING ACT NOTIFICATION**

NOTICE & AUTHORIZATION FOR USE OF CONSUMER REPORTS

As part of the Village of Mantua's procedures for evaluating employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report may be obtained by the Village. A consumer report may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that a Consumer Reporting Agency may not give out information about me without my written consent. I understand that no report containing medical information about me will be provided to the Village without my specific prior consent which is in addition to my general authorization below. I hereby authorize the Village to request a report(s) from a Consumer Reporting Agency to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and release and discharge the Village, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the Village's use or reliance upon the information contained in a consumer report.

NOTICE & AUTHORIZATION OF USE OF INVESTIGATIVE CONSUMER REPORTS

As part of the Village's procedures for processing employment applications and for other employment purposes, including promotion, transfer, or retention during the term of my employment, I understand that a consumer report and/or an investigative consumer report may be obtained by the Village. Such reports may contain information bearing on my credit worthiness, driving record, criminal record, character, general reputation, personal characteristics, or mode of living. I understand that in preparing an investigative consumer report, Consumer Reporting Agencies may conduct personal interviews with the persons I have identified as references, as well as others with whom I am acquainted. I understand that I have the right to request information from the Village regarding the nature and scope of such an investigation. I acknowledge that I have received a document entitled "Summary of Your Rights Under the Fair Credit Reporting Act" (printed on the back of this form). I understand that the Village will not obtain information from a Consumer Reporting Agency without my written permission. I hereby authorize the Village to request consumer reports or investigative consumer reports to be used for employment related purposes, including hiring, promotion, transfer, or retention now or in the future. I hereby authorize and request that any employer, school, police department, financial institution, or other person having information or knowledge about me, furnish the bearer of this authorization with all requested information they have regarding me. I agree and discharge the Village, its employees, officers, agents, and affiliates, from any and all claims, rights of action or liability of any kind or nature that could result from the Village's use or reliance upon the information contained in a consumer report.

ACKNOWLEDGEMENT

Signature of Applicant/Employee: _____

Name of Applicant/Employee (printed): _____

Applicant/Employee Social Security Number: _____

Date: _____

UNDER THE FAIR CREDIT REPORTING ACT

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "Consumer Reporting Agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or have filed bankruptcy – to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 *et seq.*, at the Federal Trade Commission's Internet web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within sixty days of receiving notice of the action. Where applicable, you also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within sixty days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within thirty days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and reports its findings to the CRA. (The source must also advise national CRAs – to which it has provided the date – of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within thirty days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address, and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone – such a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; then years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers, or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete and return the CRA form provided for this purpose, you must be taken off the lists immediately.
- **You may seek damages from violators.** If a CRA or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.

WOULD LIKE A COPY OF THIS SUMMARY TO KEEP, PLEASE CONTACT THE VILLAGE OF MANTUA, AT 330-274-8776.



Mantua Village
4650 High Street
P.O. Box 775
Mantua, OH 44255
330-274-8776

**EQUAL EMPLOYMENT OPPORTUNITY
APPLICANT INFORMATION**

An Equal Opportunity Employer

To help us comply with Federal Laws regarding Equal Employment Opportunity record keeping, please answer the following questions as they apply. This form will be retained in a file separate from your employment application. **Completion of this form is completely voluntary.**

PERSONAL INFORMATION

Name: _____
Last First Middle

Social Security Number: _____

Position of Interest: _____ Job Code: _____

Source from which you were referred (name of newspaper, agency, friend, community organization, etc.): _____

Sex: Male Female Date of Birth: _____
Month Date Year

RACE/ETHNIC GROUP

- White: Persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- Black: Persons having origins in any of the black racial groups of Africa.
- Hispanic: Persons of Mexican, Puerto Rican, Cuban, Central or South American origins or other Spanish culture or origin, regardless of race.
- American Indian or Alaskan Native: Persons having origins in any of the original people of North American and who maintain cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islanders: Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands and Samoa.

VETERAN & DISABILITY STATUS

- Vietnam-Era Veteran: Any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at 181 consecutive days.
- Disabled Veteran: Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.
- Disabled: Any individual with a physical or mental impairment, which substantially limits one or more of the major life activities of the individual.