



# VILLAGE OF GRANVILLE

## Application for Employment

The Village of Granville appreciates your interest in applying for employment. Thank you for taking the time to complete this application.

### PERSONAL INFORMATION

Name: (Please Print)	
Address:	City/State/ZIP
Home Phone:	Cell Phone:
Email:	S.S.N:
Position Applied for:	Date Available:
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No (If hired, you are required to submit proof of your eligibility to work in the United States)	
Are you over the age of eighteen (18)? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, hire is subject to verification of minimum legal age)	
Have you worked for the Village of Granville previously? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and in what capacity?	
Are you physically able to perform the essential functions of this job? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, is there an accommodation that can be provided that would enable you to perform the essential functions? Please explain:	

The Village of Granville is an Equal Opportunity Employer. Applicants for all job openings are welcome and considered without regard to the applicant's race, gender, religion, age, national origin, veteran status, or disabilities, or by any other status protected by the State, Federal, or Local Law. This list is not exhaustive upon the basis of what discrimination is prohibited. It is the intention of the Village of Granville to comply with all state, federal, and local legislation regarding equal employment opportunity.

## EDUCATION AND TRAINING

Education:	Name/Location	Degrees(s) & Major(s)	Did you graduate?
High School			<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other			<input type="checkbox"/> Yes <input type="checkbox"/> No

## LICENSES, CERTIFICATIONS, REGISTRATIONS

I possess:  a valid driver license \_\_\_\_\_  a valid CDL \_\_\_\_\_  
(State and Number) (State and Number)

### Professional / Technical Licenses and Registrations

Type	State	Number	Expiration
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
			<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____

## REFERENCES

Name	Personal/Professional	Address	Phone

## MILITARY SERVICE

Were you in the Armed Forces?  Yes  No If yes, which branch? \_\_\_\_\_

Rank: \_\_\_\_\_ Discharge Status: \_\_\_\_\_ Are you active?  Yes  No

## ADDITIONAL TRAINING, AWARDS, HONORS, & ACHIEVEMENTS

Please list any additional trainings, awards, honors, achievements or other qualifications relevant to your previous positions for the past five (5) years:

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## EMPLOYMENT HISTORY

List your work experience starting with your current/most recent employer. Please include all employment. You may attach a resume, but it may not be substituted for this section. You may attach additional pages, if necessary.

Most Recent Employer:		Address:		
Job Title:		Supervisor's Name:		Telephone:
Dates Hired:		Date Separated:		Reason for Leaving:
Salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your duties/describe the work:				

Most Recent Employer:		Address:		
Job Title:		Supervisor's Name:		Telephone:
Dates Hired:		Date Separated:		Reason for Leaving:
Salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your duties/describe the work:				

Most Recent Employer:		Address:	
Job Title:		Supervisor's Name:	Telephone:
Dates Hired:		Date Separated:	Reason for Leaving:
Salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your duties/describe the work:			

Most Recent Employer:		Address:	
Job Title:		Supervisor's Name:	Telephone:
Dates Hired:		Date Separated:	Reason for Leaving:
Salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your duties/describe the work:			

Most Recent Employer:		Address:	
Job Title:		Supervisors Name:	Telephone:
Dates Hired:		Date Separated:	Reason for Leaving:
Salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time	Did you supervise others? <input type="checkbox"/> Yes <input type="checkbox"/> No
List your duties/describe the work:			

## CERTIFICATION AND STATEMENT OF UNDERSTANDING

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## ACKNOWLEDGEMENT & RELEASE

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the Village of Granville with the understanding that the Village may use a variety of screening procedures to evaluate my qualifications and suitability for employment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, written testing, reference checks, background investigations, as well as post-offer psychological evaluations, medical examinations and drug testing. I acknowledge that I may also be subject to other screening procedures not listed above. I further acknowledge that any such screening procedures, as reasonably required by the Village of Granville, are a prerequisite to my employment with the Village.

In addition, I also hereby understand that the Village of Granville cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Ruling by the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a government entity are a matter of public record and, should a proper request be made by a member of the public for such records, the government 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 are public record.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village of Granville 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 Granville 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 a 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 Granville, 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 Granville 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**FAIR CREDIT REPORTING ACT  
DISCLOSURE & AUTHORIZATION FOR USE OF CONSUMER REPORTS**

The Village of Granville may request a “consumer report” or an “investigative consumer report” from/through a consumer reporting agency (CRA), for the purpose of evaluating you for employment, and/or, if hired, for promotion, reassignment, and retention or other employment related purposes. A “consumer report” is based on public records sources. An “investigative consumer report” would also include personal interviews with your neighbors, friends or associates. A report may contain information on any criminal convictions, verify your residence addresses, education record, and/or social security number, search social network sites, blogs or other information available on the Internet, or make inquiries about your character, general reputation, personal characteristics and/or prior employment. As the job for which you have applied or are being considered involves either having access to our accounts payable or receivable, payroll system and/or other financial records, handling our clients’/customers’/third parties’ funds, having access to or signing authority on our clients’/customers’/third parties’ bank accounts, or having a business credit card in The Village of Granville, the report that we will obtain will include a credit report. Under the Fair Credit Reporting Act (“FCRA”), if information in such a report is relied on to make an adverse employment decision, you will be provided with a copy of the report before the decision is final, along with a description of your rights under the FCRA. If an investigative consumer report is requested, you have the right to submit a written request within a reasonable time, that we make a complete and accurate disclosure of the nature and scope of the investigation we requested. Such disclosure will be made to you within five days of the date on which we receive the request from you, or within five days of the time the report was first requested, whichever is later in time.

**NOTICE & AUTHORIZATION OF USE OF INVESTIGATIVE CONSUMER REPORTS**

I authorize the Village of Granville to obtain “consumer reports” (including “investigative consumer reports”) for the purposes of evaluating me for employment, promotion, reassignment, retention or other employment related purpose. I expressly understand that as it is substantially related to the job for which I applied or am being considered, that I am giving my authorization for the Village of Granville to also obtain a credit report through any consumer reporting agency.

**AUTHORIZATION**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Applicant’s Social Security Number

\_\_\_\_\_  
Date

**A Summary of Your Rights Under the Fair Credit Reporting Act:**

The Federal Fair Credit Reporting Act (FCRA) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus and specialty agencies (such as agencies that sell information about check writing histories, medical records, and rental history records). Here is a summary of your major rights under the FCRA. For more information, including information about additional rights, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) or write to: Consumer Financial Protection Bureau, 1700 G Street N.W., Washington, D.C., 20006.

- ♣ You must be informed if information in your file has been used against you. Anyone who uses a credit report or another type of consumer report to deny your application for credit, insurance, or employment, or to take another adverse action against you, must tell you, and must give you the name, address, and phone number of the agency that provided the information.
- ♣ You have the right to know what is in your file. You may request and obtain all the information about you in the files of a consumer reporting agency (your "file disclosure"). You will be required to provide proper identification, which may include your Social Security number. In many cases, the disclosure will be free. You are entitled to a free file disclosure if:
  - A person has taken adverse action against you because of information in your credit report
  - You are the victim of identity theft and place a fraud alert in your file
  - Your file contains inaccurate information as a result of fraud
  - You are on public assistance
  - You are unemployed but expect to apply for employment within 60 days, In addition, all consumers are entitled to one free disclosure every 12 months upon request from each nationwide credit bureau and from nationwide specialty consumer reporting agencies. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for additional information.
- ♣ You have the right to ask for a credit score. Credit scores are numerical summaries of your creditworthiness based on information from credit bureaus. You may request a credit score from consumer reporting agencies that create scores or distribute scores used in residential real property loans, but you will have to pay for it. In some mortgage transactions, you will receive credit score information for free from the mortgage lender.
- ♣ You have the right to dispute incomplete or inaccurate information. If you identify information in your file that is incomplete or inaccurate, and report it to the consumer reporting agency, the agency must investigate unless your dispute is frivolous. See [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore) for an explanation of dispute procedures.
- ♣ Consumer reporting agencies must correct or delete inaccurate, incomplete, or unverifiable information. Inaccurate, incomplete, or unverifiable information must be removed or corrected, usually within 30 days. However, a consumer reporting agency may continue to report information it has verified as accurate.
- ♣ Consumer reporting agencies may not report outdated negative information. In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old. ♣ Access to your file is limited. A consumer reporting agency may provide information about you only to people with a valid need and usually to consider an application with a creditor, insurer, employer, landlord, or other business. The FCRA specifies those with a valid need for access. ♣ You must give your consent for reports to be provided to employers. A consumer reporting agency may not give out information about you to your employer, or a potential employer, without your written consent given to the employer. Written consent generally is not required in the trucking industry. For more information, go to [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).
- ♣ You may limit "prescreened" offers of credit and insurance you get based on information in your credit report. Unsolicited "prescreened" offers for credit and insurance must include a toll-free phone number you can call if you choose to remove your name and address from the lists these offers are based on. You may opt-out with the nationwide credit bureaus at 888-5-OPTOUT (888-567-8688).
- ♣ You may seek damages from violators. If a consumer reporting agency, or, in some cases, a user of consumer reports or a furnisher of information to a consumer reporting agency violates the FCRA, you may be able to sue in state or federal court.
- ♣ Identity theft victims and active duty military personnel have additional rights. For more information, visit [www.consumerfinance.gov/learnmore](http://www.consumerfinance.gov/learnmore).

States may enforce the FCRA and many states have their own consumer reporting laws. In some cases, you may have more rights under state law. For more information, contact your state or local consumer protection agency or your state Attorney General. For information about your federal rights, contact:

TYPE OF BUSINESS:	CONTACT:
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission: Consumer Response Center -- FCRA Washington, DC 20580 1-877-382-4357
National banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Washington, DC 20219 800-613-6743
Compliance Management, Mail Stop 6-6	Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Complaints Washington, DC 20552 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 703-519-4600
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Consumer Response Center, 2345 Grand Avenue, Suite 100 Kansas City, Missouri 64108-2638 1-877-275-3342
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation, Office of Financial Management Washington, DC 20590 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator -- GIPSA Washington, DC 20250 202-720-7051

## PRE-EMPLOYMENT DRUG TESTING CONSENT

I understand that, as a candidate for employment with the Village of Granville, I must, in order to be appointed to a position with the Village of Granville, 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 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 declined to be tested, or 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 Granville 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 Granville and its representatives. I further release the Village of Granville, 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).

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Signature of Applicant

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Printed Name

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Date