

Village of Archbold

300 N. Defiance Street

PO Box 406

Phone 419-445-4726

Fax 419-445-0908

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, marital status, disability, military or veteran status, gender identity, sexual orientation, or political affiliation.

PERSONAL INFORMATION

Name: _____ SS#: _____
Last First Middle

Address: _____
Mailing Address City State Zip Code

Home Telephone: (_____) _____ Other Telephone: (_____) _____

Have you ever been employed by the Village of Archbold? Yes No

If yes, please provide dates previously worked and position(s) held: _____

JOB INTEREST

Position of Interest: _____

Date Applied: _____ Approximate Date of Availability: _____

EDUCATION

Circle highest level accomplished (elementary and secondary): 1 2 3 4 5 6 7 8 9 10 11 12

Circle highest level accomplished: College Undergraduate: 1 2 3 4 Graduate School: 1 2 3 4

| Type of School | Name & Location of School | Degree | Area of Study |
|----------------|---------------------------|--|---------------|
| High School | | Graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No or G.E.D.: <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | |
|---|--|---|--|
| College, University, Business, Technical, Vocational, or Military Academy | | Dates Attended (Mo./Yr. To Mo./Yr.): Degree: | |
| Graduate or Professional School | | Dates Attended (Mo./Yr. To Mo./Yr.): Degree: | |

Are you currently enrolled in an educational program? Yes No If yes, what is your main course of study and where are you attending?

LICENSES, CERTIFICATIONS, REGISTRATIONS

I possess: a valid Driver's License _____ please list state and number a valid Commercial Driver's License _____ please list state and number

| Professional/Technical Licenses and Registrations (Only list Licenses required and job related) | | | |
|---|-------|--------|--------------------------|
| Type | State | Number | Expiration Date (if any) |
| | | | |
| | | | |

MILITARY SERVICE

Were you in the U.S. Armed Forces: Yes No If yes, what branch? _____
 Dates of Services: From: _____ to _____ Rank: _____
 Technical Specialization: _____

AWARDS, HONORS, ACHIEVEMENTS, INTERESTS

Please list any awards, honors, achievements, volunteer or community services activities, special interests, hobbies, or any organizations of which you are/have been a member. Please indicate any positions of leadership previously/currently held.

Reason for Leaving:

The Village of Archbold 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:

EXPERIENCE (continued)

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:

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.) |
|-------------|---|---|--|
| | | | |
| | | | |
| | | | |

STATEMENT OF UNDERSTANDING, 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 Archbold 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 Archbold, are a prerequisite to my appointment to a position with the Village of Archbold.

In addition, I also hereby understand that the Village of Archbold 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 Archbold 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 Archbold 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.

I solemnly swear that all the information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment.

I also recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

Finally, I agree that any claim or lawsuit relating to my service with the Village of Archbold must be filed no more than six (6) months after the date of employment action that is the subject to the claim or lawsuit. I waive any stature of limitations to the contrary.

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 Archbold, I must, in order to be appointed to a position with the Village of Archbold, 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 Archbold 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 Archbold and its representative. I further release the Village of Archbold, 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 Archbold 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 of safety policies, rules, and regulations. Mandatory post-accident drug testing is not a requirement of the Village. However, the Village reserves the right on a case-by-case basis to send an employee for drug testing after an accident.

I understand that should I be appointed to a position with the Village of Archbold, 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 Archbold, based upon the terms and conditions specified above, during the term of my employment with the Village of Archbold. 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 Archbold and its representatives. I further release the Village of Archbold, 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 ARCHBOLD FAIR CREDIT REPORTING ACT NOTIFICATION

NOTICE & AUTHORIZATION FOR USE OF CONSUMER REPORTS

As part of the Village of Archbold'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): _____

A SUMMARY OF YOUR RIGHTS

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.

Applicant/Employee Social Security Number: _____

Date: _____

- IF YOU WOULD LIKE A COPY OF THIS SUMMARY TO KEEP, PLEASE CONTACT THE VILLAGE OF ARCHBOLD, AT 419-445-4726.

