



Village of Monroeville  
 21 N Main St. ~ P.O. Box 156  
 Monroeville, OH. 44847  
 Ph. 419-465-2922 Fax 419-465-2259  
[www.monroevilleohio.com](http://www.monroevilleohio.com)

**Employment Application**

**THE VILLAGE OF MONROEVILLE IS AN EQUAL OPPORTUNITY EMPLOYER**

**PLEASE PRINT**

**Applicant Information**

Full Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*  
 \_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Date Available: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Position Applied for: \_\_\_\_\_ **FULL-TIME:** **PART-TIME:**

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Have you ever worked in this municipality? YES  NO  If yes, when? \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO  Driver's license number & State: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

**Education**

High School: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_



Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?      YES      NO  
        

Skill sets, equipment operated, special licenses, and/or certificates that may qualify you for being able to perform job-related functions in the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Disclaimer and Signature**

*I certify that my answers are true and complete to the best of my knowledge.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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