



# AMBERLEY VILLAGE, OHIO

Equal Opportunity Employer

## EMPLOYMENT APPLICATION

Amberley Village provides equal employment opportunities to all qualified persons, consistent with applicable federal, state, and local equal employment opportunity laws prohibiting discrimination based on creed, political affiliation, race, color, religion, national or ethnic origin, disability, age, sex, sexual orientation, gender and gender expression, gender identity including a transgender identity, genetics, military status, or status as a disabled or Vietnam-era veteran. Please answer all questions completely and accurately. All statements in your application are subject to verification. Applications can be mailed or submitted online: **Amberley Village, 7149 Ridge Road, Cincinnati, Ohio 45237; Attention: Village Manager or slahrmer@amberleyvillage.org.**

**Name:**

**Position Applied For:**

\_\_\_\_\_  
First MI Last

\_\_\_\_\_

**Telephone including Area Code:**

Home: ( ) \_\_\_\_\_ - \_\_\_\_\_

Cell: ( ) \_\_\_\_\_ - \_\_\_\_\_

<b>How did you find out about this position:</b>
<input type="checkbox"/> Newspaper/Publication: _____
<input type="checkbox"/> Amberley Village Website
<input type="checkbox"/> Other: _____

**E-mail Address:**

\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_

Street

**Driver's License:**

State Issued: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Number: \_\_\_\_\_ Class/Type: \_\_\_\_\_ / \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

**Social Security Number:**

□ □ □ - □ □ - □ □ □ □

**PLEASE MARK EITHER YES OR NO TO THE FOLLOWING QUESTIONS.**

**YES NO**

- If required, could you work a rotational work schedule?
- If required, could you work a schedule other than Monday through Friday?
- If required, could you work overtime?
- Are you 18 years of age or older?
- Do you have any other commitments with another employer or entity that would affect your employment with us? If yes, please explain: \_\_\_\_\_
- Have you ever been discharged or forced to resign from a position?
- May we contact your present employer? If not, why? \_\_\_\_\_
- Are you related to any current Amberley Village employee?  
If yes, please list who and relationship: \_\_\_\_\_

## EDUCATION:

Highest Grade Completed in High School: \_\_\_\_\_  
Name & Location of School: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_  
Did you graduate?  Yes  No  
If you did not graduate High School, have you passed the  
General Educational Development (G.E.D.) Test?  
 Yes  No  
Name of State that awarded G.E.D.: \_\_\_\_\_

Name of Colleges or Universities Attended: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Did you graduate?  Yes  No  
Number of Semester Hours Completed: \_\_\_\_\_  
Your Major: \_\_\_\_\_  
Degree(s): \_\_\_\_\_

## WORK HISTORY / MILITARY SERVICE:

(Please list in chronological order starting with your most recent employer. Please complete even if you attach a résumé.)

### 1 *Your Present or Most Recent Employment:*

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Name of Employer: \_\_\_\_\_  
Phone Number of Employer: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Why do you want to leave? \_\_\_\_\_

Exact Title of Position: \_\_\_\_\_  
Duties: \_\_\_\_\_  
\_\_\_\_\_  
Name & Title of Supervisor: \_\_\_\_\_  
Title of Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
If you supervised staff, how many?: \_\_\_\_\_  
Average Hours Worked per Week: \_\_\_\_\_  Part-Time  Full-Time  
Salary: \$ \_\_\_\_\_  Annual  Hourly

### 2

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Name of Employer: \_\_\_\_\_  
Phone Number of Employer: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

Exact Title of Position: \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Title of Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
If you supervised staff, how many? \_\_\_\_\_  
Average Hours Worked per Week: \_\_\_\_\_  Part-Time  Full-Time  
Salary: \$ \_\_\_\_\_  Annual  Hourly

### 3

From \_\_\_\_\_ to \_\_\_\_\_  
Month/Day/Year Month/Day/Year  
Name of Employer: \_\_\_\_\_  
Phone Number of Employer: ( ) \_\_\_\_\_ - \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Why did you leave? \_\_\_\_\_

Exact Title of Position: \_\_\_\_\_  
Duties \_\_\_\_\_  
\_\_\_\_\_  
Name of Supervisor: \_\_\_\_\_  
Title of Supervisor: \_\_\_\_\_  
Supervisor's Phone Number: \_\_\_\_\_  
If you supervised staff, how many? \_\_\_\_\_  
Average Hours Worked per Week: \_\_\_\_\_  Part-Time  Full-Time  
Salary: \$ \_\_\_\_\_  Annual  Hourly



## APPLICANT STATEMENT

1. I hereby certify that all responses set forth during my employment application process are true and complete. My signature also authorizes Amberley Village or its authorized agents to conduct a thorough investigation of all statements, written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, activities, law enforcement record, and educational background. I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, physicians, hospitals, prior employers, and law enforcement agencies to provide any and all information and/or medical records they may have regarding me or my employment. I release and agree to indemnify Amberley Village, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.
2. I understand and agree that any falsification, misrepresentation, incomplete response, or omission either on the employment application form or in my response to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by Amberley Village, will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand that a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. In addition, I understand I may be required to take a physical examination before starting work if an offer of employment is made. I release and agree to indemnify Amberley Village, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.
4. I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States. I understand that providing proof of my identity and employment eligibility is required.
5. I also agree to submit to a polygraph examination, upon request by Amberley Village, as a pre-employment requirement and/or a condition of continuing employment should I be employed by Amberley Village.
6. I understand and agree that nothing contained in Amberley Village employment application or in the granting of an interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or is intended to constitute or to create a contract between me and Amberley Village for either employment or for the providing of benefits. No promises regarding employment have been made to me and I understand and agree that no such promise or guarantee is binding on Amberley Village unless they are expressed promises, made in writing, and signed by the Village Manager or designee.

*Online application submissions:*

- If you are completing and submitting this application online, please check mark the box to the left to verify that you understand and agree to the information contained in the Applicant Statement. Applicants that continue through the selection process will be required to sign this document.*

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Applicant's Signature

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Date

Print Your Name Here: \_\_\_\_\_

Please mark with an "X" or list the dates and/or days you are not available to work on the calendar. For example: You may have a vacation scheduled the second week of June, you would then mark an "X" for each of those days in June. Or perhaps you are unable to work certain Weekend Days, you would mark an "X" on those Weekend Days for each month.

Dates not available:

2021																														
January							February							March																
S	M	T	W	T	F	S	S	M	T	W	T	Fr	S	S	M	T	W	T	F	S										
					1	2			1	2	3	4	5	6			1	2	3	4	5	6								
3	4	5	6	7	8	9	7	8	9	10	11	12	13	7	8	9	10	11	12	13										
10	11	12	13	14	15	16	14	15	16	17	18	19	20	14	15	16	17	18	19	20										
17	18	19	20	21	22	23	21	22	23	24	25	26	27	21	22	23	24	25	26	27										
24	25	26	27	28	29	30	28							28	29	30	31													
31																														
April							May							June																
S	M	T	W	T	F	S	S	M	T	W	T	Fr	S	S	M	T	W	T	F	S										
					1	2	3						1			1	2	3	4	5										
4	5	6	7	8	9	10	2	3	4	5	6	7	8	6	7	8	9	10	11	12										
11	12	13	14	15	16	17	9	10	11	12	13	14	15	13	14	15	16	17	18	19										
18	19	20	21	22	23	24	16	17	18	19	20	21	22	20	21	22	23	24	25	26										
25	26	27	28	29	30	23	24	25	26	27	28	29	27	28	29	30														
							30	31																						
July							August							September																
S	M	T	W	T	F	S	S	M	T	W	T	Fr	S	S	M	T	W	T	F	S										
					1	2	3	1	2	3	4	5	6	7				1	2	3	4									
4	5	6	7	8	9	10	8	9	10	11	12	13	14	5	6	7	8	9	10	11										
11	12	13	14	15	16	17	15	16	17	18	19	20	21	12	13	14	15	16	17	18										
18	19	20	21	22	23	24	22	23	24	25	26	27	28	19	20	21	22	23	24	25										
25	26	27	28	29	30	31	29	30	31					26	27	28	29	30												
October							November							December																
S	M	T	W	T	F	S	S	M	T	W	T	Fr	S	S	M	T	W	T	F	S										
					1	2			1	2	3	4	5	6				1	2	3	4									
3	4	5	6	7	8	9	7	8	9	10	11	12	13	5	6	7	8	9	10	11										
10	11	12	13	14	15	16	14	15	16	17	18	19	20	12	13	14	15	16	17	18										
17	18	19	20	21	22	23	21	22	23	24	25	26	27	19	20	21	22	23	24	25										
24	25	26	27	28	29	30	28	29	30					26	27	28	29	30	31											
31																														

Please complete the "SCHEDULE / TIME" you are available to work on each day of the week.

For example: you may only be able to work from 4:00 p.m. to 9:00 p.m. on School Days, but are available anytime on the Weekends so you would write "anytime" for Saturday/Sunday and 4pm to 9pm Monday through Friday.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please list any dates that you are aware of now that you will not be available to work due to sports, vacation, or other planned activities:

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