



**CITY OF THE VILLAGE OF INDIAN HILL
HAMILTON COUNTY, OHIO
6525 Drake Road, Cincinnati, OH 45243
(513) 561-6500**

APPLICATION FOR EMPLOYMENT

Name: _____
Last Name *First Name* *Middle Name*

Address: _____
Street Address *City* *State* *Zip Code*

Telephone Number(s): _____ **Email Address:** _____

Position(s) Applied for: _____

Type of Employment Desired: *Full-time* *Part-time* *Seasonal*

Date Available for Work: _____ **Desired Salary:** _____

Do you have any relatives or friends working for Indian Hill? *Yes* *No* *If so, who?* _____

Have you worked for Indian Hill before? *Yes* *No* *If so, when?* _____

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

SKILLS, QUALIFICATIONS & CERTIFICATIONS

Summarize any special training, skills, licenses and/or certifications that may qualify you as being able to perform job-related functions in the position for which you are applying.



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EMPLOYMENT HISTORY

Provide the following information from your past and current employers, including any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status. Explain any gaps in employment in the comments section below. Attached additional page(s), if needed.

1.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number (s)	Hourly Rate / Salary		
		Starting	Final	
	Job Title	Supervisor		
	Reason for Leaving			



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COMMENTS *including explanation of any gaps in employment.*

ORGANIZATIONS & AWARDS

List professional, trade, business, or civic associations and any offices held or special accomplishments, publications or awards, etc. Exclude information which indicate race, color, religion, gender, national origin, disabilities or other protected status.

ADDITIONAL INFORMATION

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

1.	_____	_____
	<i>Name</i>	<i>Telephone Number</i>

	<i>Address</i>	
2.	_____	_____
	<i>Name</i>	<i>Telephone Number</i>

	<i>Address</i>	
3.	_____	_____
	<i>Name</i>	<i>Telephone Number</i>

	<i>Address</i>	



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DISCLAIMER AND SIGNATURE

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, misrepresentation on this application, during an interview or within the selection process is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when discovered by the City of the Village of Indian Hill ("Village").

I also understand that my employment is subject to a satisfactory check of my background and references. I agree to submit to such investigations, tests, and examinations and authorize the Village, its representatives, employees or agents, to contact those persons, including, but not limited to, former employers, references, educational institutions, examining physicians or other medical personnel and testing agents, who the Village believes to be necessary to conducting such investigations, tests, and examinations. In addition, I release from any and all claims, demands, or liabilities arising out of or related to the investigations, tests, or examinations the Village and any person responding or reporting to the Village. I understand that my employment, or continued employment to the extent permitted by law, is contingent upon the successful or satisfactory completion of such investigation, test, or examination. I understand and agree that the determination of what investigation, test, or examination results constitute "successful or satisfactory completion" is within the sole discretion of the Village.

I understand if I am offered employment by the Village, I will be required to attest to my identity and employment eligibility, and to present documents confirming my identity and employment eligibility. I further understand that if I fail to provide the documentation the offer of employment may be rescinded.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the Village is of an "at will" nature. Employment "at-will" may be terminated at the will of either me or the Village and may be terminated with or without cause at any time by me or the Village. It is further understood that this "at will" employment relationship may not be changed by any written documentation or by conduct unless such change is specifically acknowledged in writing by the City Manager and approved by City Council.

I agree that any action, claim or suit against the Village arising out of my application for employment, employment or termination, including but not limited to, claims arising under state or federal civil rights statutes must be brought within one hundred and eighty (180) days of the event giving rise to the claim or be forever barred. I waive all limitation periods to the contrary.

In the event of employment, I understand and agree to abide by all Village work rules, policies and procedures and the Village retains to the right to revise its policies or procedures, in whole or part, at any time.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY – APPLICANT DOES NOT COMPLETE

Interview: *Yes* *No*

Date of Interview: _____

Employed: *Yes* *No*

Date of Employment: _____

Job Title: _____ **Hourly Rate/Salary:** _____ **Department:** _____

Completed By: _____

Signature and Title

Date