

VILLAGE OF EAST PALESTINE
85 N. Market St., P.O. Box 231
East Palestine, OH 44413

The Village of East Palestine is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, handicap or national origin. The Village is a drug-free workplace and applicant will be required to submit to a pre-employment drug and alcohol test.

APPLICATION DATE: _____ DATE RECEIVED IN OFFICE _____

LAST NAME FIRST NAME MIDDLE INITIAL EMAIL ADDRESS

STREET ADDRESS/APT/UNIT # CITY STATE ZIP

HOME PHONE CELL PHONE ADDITIONAL PHONE (OPTIONAL)

PLEASE MARK TYPE OF EMPLOYMENT
YOU ARE SEEKING:

WHAT POSITION ARE YOU INTERESTED
IN? (CIRCLE)

SEASONAL/SUMMER _____

LIFEGUARD/TICKETBOOTH/PARK CREW

FULL TIME _____

PART TIME _____

**IF YOU ARE APPLYING FOR LIFEGUARD, DO YOU POSSESS VALID RED CROSS LIFEGUARD CERTIFICATION, INCLUDING CPR & FIRST AID TRAINING? YES _____ NO _____

**IF YOU ANSWERED NO TO THE ABOVE ARE YOU CURRENTLY ENROLLED IN A LIFEGUARD CLASS? YES _____ NO _____

**IF YOU HAVE A VALID RED CROSS LIFEGUARD CERTIFICATION, DOES IT NEED TO BE RENEWED PRIOR TO THE SUMMER?
YES _____ NO _____

**EXPLAIN: (WHEN/WHERE YOU ARE ENROLLED IN LG CLASS, DATE CURRENT CERTIFICATION EXPIRES,
ETC...)

HIGH SCHOOL ATTENDED: _____ DATES: _____ GRADUATE? _____ LAST GRADE COMPLETED: _____

COLLEGE ATTENDED: _____ DATES: _____ GRADUATE? _____ LAST GRADE COMPLETED: _____

OTHER SCHOOLS/TRAINING: _____ YEARS ATTENDED: _____ GRADUATE? _____

Are you 16 or older? YES/NO CITIZEN OF U.S.? YES/NO AUTHORIZED TO WORK IN U.S.? YES/NO. HAVE YOU EVER BEEN CONVICTED
OFA FELONY? YES/NO. IF YES, EXPLAIN: _____

HAVE YOU EVER BEEN EMPLOYED BY THE VILLAGE? YES/NO. IF YES, LIST POSITIONS HELD AND DATES WORKED BELOW:

DATE: _____ POSITION: _____

DATE: _____ POSITION: _____

DATE: _____ POSITION: _____

DATE: _____ POSITION: _____

PREVIOUS EMPLOYERS (OTHER THAN THE VILLAGE OF EAST PALESTINE)

COMPANY		ADDRESS	
PHONE NUMBER		SUPERVISOR	
JOB TITLE		RESPONSIBILITIES	
START DATE	END DATE	REASON FOR LEAVING	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT SUPERVISOR FOR A REFERENCE? YES/NO	

COMPANY		ADDRESS	
PHONE NUMBER		SUPERVISOR	
JOB TITLE		RESPONSIBILITIES	
START DATE	END DATE	REASON FOR LEAVING	
STARTING SALARY	ENDING SALARY	MAY WE CONTACT SUPERVISOR FOR A REFERENCE? YES/NO	

***REFERENCES: LIST THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN FOR AT LEAST A YEAR**

- | | | |
|---------|-------------------------|--------------|
| NAME | COMPANY (IF APPLICABLE) | RELATIONSHIP |
| ADDRESS | | PHONE # |
- | | | |
|---------|-------------------------|--------------|
| NAME | COMPANY (IF APPLICABLE) | RELATIONSHIP |
| ADDRESS | | PHONE # |
- | | | |
|---------|-------------------------|--------------|
| NAME | COMPANY (IF APPLICABLE) | RELATIONSHIP |
| ADDRESS | | PHONE # |

LIST EMERGENCY CONTACT INFO _____

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/MISLEADING INFO IN MY APPLICATION/INTERVIEW MAY RESULT IN MY RELEASE. ARE YOU CAPABLE OF PERFORMING IN A REASONABLE MANNER THE ACTIVITIES INVOLVED IN THE JOB FOR WHICH YOU HAVE APPLIED? YES/NO. A JOB DESCRIPTION IS AVAILABLE UPON REQUEST.

SIGNATURE: _____ DATE: _____