

Employment Application



Mahoning Valley Sanitary District
 PO Box 4119
 Youngstown, OH
 USA
 44515

Phone: 330-652-3614
 Fax: 330-652-9869
www.meanderwater.org

DATE: _____
 Name: _____
 Address: _____
 City & State: _____
 Zip/Postal Code: _____
 Email: _____
 Home Phone: _____
 Cell Phone: _____

Position Applied for: _____ Hours Available to Work:
 Salary Desired: _____ Mon _____ Tues _____
 When available to begin work: _____ Wed _____ Thurs _____
 Fri _____ Sat _____
 Sun _____

Full-Time Part-Time Full or Part-Time

Education

Type of School	Name of School and Complete Mailing Address	No. Years Completed	Major or Degree
High School			
College, Business or Trade School			
Professional School			
Other/Certifications/Licenses			

Do you have a driver's license? Yes No State of issue: _____
 Have you had any accidents in the past 3 years Yes No How many? _____
 Do you have any moving violations in the past 3 years Yes No How many? _____

Continued on the next page

Previous Employment (list up to 3)

1.

Name of Employer: _____

Name of last supervisor: _____

Date of Employment: From: _____ To: _____

Salary: From: _____ To: _____

Complete Address: _____

Phone Number: _____ Contact/Supervisor's Name: _____

Last job title: _____ Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company: _____

May we contact your employer: Yes No

2.

Name of Employer: _____

Name of last supervisor: _____

Date of Employment: From: _____ To: _____

Salary: From: _____ To: _____

Complete Address: _____

Phone Number: _____ Contact/Supervisor's Name: _____

Last job title: _____ Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company: _____

May we contact your employer: Yes No

Continued on the next page

Previous Employment (list up to 3)

3.

Name of Employer: _____

Name of last supervisor: _____

Date of Employment: From: _____ To: _____

Salary: From: _____ To: _____

Complete Address: _____

Phone Number: _____ Contact/Supervisor's Name: _____

Last job title: _____ Reason for leaving (be specific): _____

List the jobs you held, duties performed, skills used or learned, advancements, or promotions while you worked at this company: _____

May we contact your employer: Yes No

Skills & Other Experience

Skills: _____

Are there any other experiences or qualifications you want to note for employment consideration? (i.e. hobbies, volunteer activities, personal characteristics, etc.) _____

Military Experience

Have you ever served in the armed forces? Yes No If yes, what branch? _____

Date of Duty: From _____ To _____ Rank at Discharge _____

What were your duties in the Service (include special training and duty station)? _____

Present membership in the National Guard or Reserves? Yes No

Personal References

Please list 2 personal references other than relatives and previous employers.

1.

Name	
Position	
Company Name & Address	
Telephone Number	

2.

Name	
Position	
Company Name & Address	
Telephone Number	

3.

Name	
Position	
Company Name & Address	
Telephone Number	

I certify that the above information is true and complete. The companies, schools, and persons named above may give information regarding me and I hereby release all parties from all liability. Any discrepancies shall be grounds for a job offer to be denied or, if employed, termination.

Signature: _____

Date: _____