



# Village of Walton Hills, Ohio

Don Kolograf - Mayor

APPLICATION FOR EMPLOYMENT  
VILLAGE OF WALTON HILLS  
**CAMP COUNSELOR - 2019**

AN EQUAL OPPORTUNITY EMPLOYER

**APPLICANTS MUST BE 16 AND OLDER- DUE TO OSHA STANDARDS AND REGULATIONS.**

PLEASE TYPE OR PRINT RESPONSES TO ALL QUESTIONS CONTAINED ON THIS ENTIRE APPLICATION FORM.

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

CITY /STATE/ ZIP \_\_\_\_\_

PHONE (INCLUDE AREA CODE) \_\_\_\_\_ CELL PHONE \_\_\_\_\_

ARE YOU AN ADULT, LEGALLY EMANCIPATED OR OTHERWISE LEGALLY ELIGIBLE TO WORK IN THE STATE OF OHIO?

YES \_\_\_\_\_ NO \_\_\_\_\_

## PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E. SECOND JOB, SCHOOL, ECT.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION?

YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN. \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES \_\_\_\_\_ NO \_\_\_\_\_

IF YES, PLEASE EXPLAIN. \_\_\_\_\_

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? YES \_\_\_\_\_ NO \_\_\_\_\_

DO YOU POSSESS A VALID STATE OF OHIO DRIVER'S LICENSE? YES \_\_\_\_\_ NO \_\_\_\_\_

## PLEASE LIST THREE REFERENCES WHO ARE NOT RELATED TO YOU

NAME \_\_\_\_\_

PHONE (INCLUDE AREA CODE) \_\_\_\_\_

NAME \_\_\_\_\_

PHONE (INCLUDE AREA CODE) \_\_\_\_\_

NAME \_\_\_\_\_

PHONE (INCLUDE AREA CODE) \_\_\_\_\_

**EDUCATION AND TRAINING**

THIS SECTION IS INTENDED TO GIVE US INFORMATION ABOUT YOUR EDUCATION, TRAINING SKILLS, KNOWLEDGE AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

HIGH SCHOOL ATTENDED \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_

COURSES PERTAINING TO JOB APPLYING FOR \_\_\_\_\_

PLEASE LIST HIGH SCHOOL ACTIVITIES, AWARDS, & ACHIEVEMENTS \_\_\_\_\_

COLLEGE OR TRADE SCHOOL ATTENDED \_\_\_\_\_

DID YOU GRADUATE? \_\_\_\_\_ DEGREE \_\_\_\_\_

COURSES PERTAINING TO JOB APPLYING FOR \_\_\_\_\_

PLEASE LIST COLLEGE ACTIVITIES, AWARDS, & ACHIEVEMENTS \_\_\_\_\_

**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DUE ORDER, BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.

CURRENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

DESCRIBE YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

WHY DO YOU WANT TO LEAVE? \_\_\_\_\_

PREVIOUS EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

PHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_

DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_

JOB TITLE \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_

BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_

DESCRIBE YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_

WHY DID YOU LEAVE? \_\_\_\_\_

IF YOU NEED TO LIST ADDITIONAL PREVIOUS EMPLOYERS, PLEASE DO ON THE BACK OF THIS SHEET OF PAPER.



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PREVIOUS EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_  
BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
DESCRIBE YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_

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PREVIOUS EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_  
BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
DESCRIBE YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_

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PREVIOUS EMPLOYER \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
PHONE NUMBER (INCLUDE AREA CODE) \_\_\_\_\_  
DATES EMPLOYED \_\_\_\_\_ TO \_\_\_\_\_  
JOB TITLE \_\_\_\_\_  
SUPERVISOR'S NAME \_\_\_\_\_  
BEGINNING SALARY \_\_\_\_\_ ENDING SALARY \_\_\_\_\_  
DESCRIBE YOUR DUTIES & RESPONSIBILITIES \_\_\_\_\_  
WHY DID YOU LEAVE? \_\_\_\_\_