City of Van Wert

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

Please type or print responses to all of the questions contained on the entire Application Form

Position Sought: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Home Address: _____ County: _____

City/State/Zip: _____ Email Address _____

Phone Number: (Home) _____ (Cell) _____

Driver's License # _____

Are you at least 18 years of age? Yes: _____ No: _____

Employment History and Work Experience

In this section, list all employment history and work experience in date order. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

Current Employer: _____

(Enter "None" if unemployed)

May we contact your current employer prior to employment? Yes: _____ No: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: _____ Per _____ Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

_____

Why Do You Want To Leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: _____ Per _____ Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

_____

Why Did You Leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisor's Name: _____

Beginning Salary: _____ Per _____ Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

_____

Why Did You Leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisors Name: _____

Beginning Salary: _____ Per _____ Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

Why Do You Want To Leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____ Dates Employed: _____ To _____

Job Title: _____

Supervisors Name: _____

Beginning Salary: _____ Per _____ Current Salary: _____ Per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions Etc.: _____

_____

Why Did You Leave? _____

If you need to list any additional previous employers, please use a blank sheet of paper to do so.

Education & Training

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

High School Attended: _____

Address: _____

Did You Graduate? _____ High School Equivalent? _____

Courses Pertaining to Job Applied For: _____

Activities, Awards, Sports, Etc.: _____

College or Trade School Attended: _____

Address: _____

Did You Graduate? _____ Degree: _____

Courses Pertaining to Job Applied For: _____

Activities, Awards, Sports, Etc.: _____

Graduate School(s) Attended: _____

Address: _____

Did you graduate? _____ Degree: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

_____

_____

Personal Information

Do you have any commitments (I.E., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position? Yes:___ No: ___

If **YES**, please explain: _____

_____

Do you possess a Valid Driver's License? Yes: ___ No: ___

If **NO**, can you obtain one prior to employment? Yes: ___ No: ___

Are you eligible to work in the United States? Yes: ___ No: ___

Are you a resident of Ohio? Yes:___ No: ___

If **NOT**, are you willing to become a resident upon employment? Yes:___ No:___

References

Please list three (3) references who are not related to you that you have known at least one year.

Name:_____

Phone:_____ Address: _____

Name:_____

Phone:_____ Address: _____

Name:_____

Phone:_____ Address: _____

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. *I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.*

   Initials: _____

2. *If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.*

   Initials: _____

3. *I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.*

   Initials:_____

4. *I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record or unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.*

   Initials:_____

5. *I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.*

   Initials:_____

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize investigation of all statements contained in this application I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

I agree that any claim of lawsuit relating to my service with the City of Van Wert, Ohio must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any stature of limitation to the contrary. I understand, also, that I am required to abide by all rules and regulations of the employer.

_____ _____

(Applicant's Signature) (Date)

AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Van Wert, Ohio. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above potential Employer.

I consent to your release of any and all public and private information that you may have concerning me; my work record; my background; educational records; my financial status; my criminal history record, including any arrest records or recollections of attorneys at law or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest; attendance records; and any investigation and/or disciplinary actions including any files which are deemed to be confidential.

I hereby release you from liability or damages that may result from furnishing the information requested to a representative of the City of Van Wert, Ohio.

I agree to hold the City of Van Wert, Ohio harmless from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over the proper authorities.

A photocopy or FAX copy of the release form will be valid as an original thereof, even though the said photo copy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of the release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented, from and against all claims, damages, losses and expenses, arising out of or by reason of complying with this request.

_____ _____

Name Driver's License #

_____ _____

Address Telephone Number

_____ ____/____/____ _____

City State Zip DOB Social Security#

_____ _____

Witness Applicant's Signature

_____ _____

Witness Date

Sworn to me and subscribed in my presence this _____ day of _____

_____

Notary