



**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: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Social Security Number (optional): \_\_\_\_\_

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? \_\_\_\_\_

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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? \_\_\_\_\_

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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.**

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### Personal Information

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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: \_\_\_\_\_

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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: \_\_\_\_\_

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### References

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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: \_\_\_\_\_

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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.

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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.**

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(Applicant's Signature)

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(Date)

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**AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT**

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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.

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Name	Driver's License #
Address	Telephone Number
City	Social Security #
State	DOB / /
Zip	

Witness	Applicant's Signature
Witness	Date

Sworn to me and subscribed in my presence this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
Notary