

CITY OF DEER PARK, OHIO
APPLICATION FOR EMPLOYMENT

POSITION: _____

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected class.

PERSONAL BACKGROUND:

NAME: _____

SOC.SEC.NO.or Driver's Lic #: _____

PRESENT ADDRESS: _____

PERMANENT ADDRESS (If different from above): _____

PREVIOUS ADDRESS: _____

TELEPHONE NUMBER(S): _____

REFERRED BY: _____ DATE AVAILABLE TO START: _____

ARE YOU EMPLOYED? ____ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? ____

HAVE YOU EVER APPLIED TO THE CITY BEFORE? ____ WHEN? _____

ARE YOU WILLING TO WORK OVERTIME? _____

U.S.MILITARY OR NAVAL SERVICE: _____ RANK _____

IF DRIVING IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING, DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? _____ (If driving is a requirement of the job for which you are applying, continued employment is contingent on you maintaining a current driver's license.)

ARE YOU ABLE, AT THE TIME OF EMPLOYMENT, TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? _____ (Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.)

REFERENCES: Give the names of three persons not related to you, whom you have known at least three years.

<u>NAME AND OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>YRS.KNOWN</u>
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1. _____

2. _____

3. _____

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY
HIGH SCHOOL		9 10 11 12/GED	
COLLEGE		1 2 3 4	
TRADE, BUSINESS, or GRADUATE SCHOOL			
SPECIALIZED TECHNICAL SKILLS (Such as computer programming/language, equipment operation, special tools/machines, etc.)			
WORK EXPERIENCE±: Please list your last three employers, starting with your present or last place of employment. Verifiable volunteer work may be included.			
DATE MO./YR.	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION
			NAME OF SUPERVISOR
			REASON FOR LEAVING
Fr			
To:			
Fr			
To:			
Fr			
To:			

APPLICANT'S STATEMENT:

In signing this application, I certify that all the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation (including criminal, bureau of motor vehicles, and credit if applicable) necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by the City, I will abide by its rules and regulations which I understand are subject to change.

Applicant's Signature

Date: _____