

**CITY OF NORTH OLMSTED
NORTH OLMSTED, OHIO
APPLICATION FOR EMPLOYMENT**

Qualified applicants are considered for all positions without regard to race,
color, religion, sex, national origin, age, marital or veteran status, or the
presence of non-job-related medical condition or handicap.

Date of Application: _____

Position(s) applied for: _____

Name: _____

Address: _____ City: _____ Zip: _____

Phone Number: () _____ E-Mail Address: _____

Have you filed an application before? YES NO If YES, give date: _____

Have you ever been employed here before? YES NO If YES, give dates: _____

Are you available to work - Full Time Part Time Shift Work

Are you on lay-off and subject to recall? YES NO

Do any of your friends or relatives, other than your spouse, work here? YES NO

If YES, list name(s): _____

Are you a veteran of the U.S. Military Service? YES NO If YES, what branch: _____

What source did you hear about the opening? _____

Give name, address and phone number of three (3) references not related to you:

TO THE APPLICANT: The following questions are optional, unless the employer has checked the box next to the question. A check indicates that the information requested is needed for (1) a bonafide occupational qualification, (2) is in compliance with national security laws, or (3) other legally permissible reasons.

{ } Are you over 21 years of age? YES NO

If NO, employment is subject to verification that you are of minimum legal age.

{ } Have you ever been bonded? YES NO If YES, for what job(s)? _____

**** AN EQUAL OPPORTUNITY EMPLOYER M/F/V/H ****

Education

	Name & Address of School	Major areas of study	Years completed	Type of Degree or Certificate
High School				
College				
Other (i.e. Technical or Business)				

Employment Experience

In the area below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. You may exclude organizations, which indicate race, color, religion, gender, national origin, disabilities or other protected status. NOTE: In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume in addition to completing this section

1.	Employer:	<u>Dates Employed</u>	<u>Work Performed</u>
	Address:		
	Phone Number:	<u>Hourly Rate/Salary</u>	
	Job Title:	Supervisors Name/Title	
	Reason for Leaving:		
May we contact this employer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

2.	Employer:	<u>Dates Employed</u>	<u>Work Performed</u>
	Address:		
	Phone Number:	<u>Hourly Rate/Salary</u>	
	Job Title:	Supervisors Name/Title	
	Reason for Leaving:		
May we contact this employer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

3.	Employer:	<u>Dates Employed</u>	<u>Work Performed</u>
	Address:		
	Phone Number:	<u>Hourly Rate/Salary</u>	
	Job Title:	Supervisors Name/Title	
	Reason for Leaving:		
May we contact this employer?		Yes <input type="checkbox"/> No <input type="checkbox"/>	

*** IF YOU NEED ADDITIONAL SPACE, PLEASE CONTINUE ON A SEPARATE SHEET OF PAPER ***

Additional Information

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Other Qualifications:

Summarize special job-related skills and qualifications acquired from employment or other experience.

Specialized Skills:

Check Skills/Equipment Operated

PC

CALCULATOR

FAX

TYPEWRITER

Production/Mobile
Machinery (list):

Other
(list):

Drivers License

OPERATORS

CDL

State any additional information you feel may be helpful to us in considering your application:

NOTE TO APPLICANTS: *Do not answer this question unless you have been informed about the requirements of the job for which you are applying.*

Are you capable of performing, in a reasonable manner, the activities involved in the job or occupation for which you have applied?
A description of the activities involved in such a job or occupation is attached.

YES NO

Notes:

APPLICANT'S STATEMENT

I certify that answers and information given herein are true and complete to the best of my knowledge. I authorize investigation of all answers and information contained in this application for employment as may be necessary in arriving at an employment decision.

Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood this "at will" employment relationship may not be changed by any written document or by conduct. I understand, also that I am required to abide by all rules and regulations of the Employer. Applicant acknowledges that it is his/her intent that the City rely upon the truth and accuracy of all answers and information provided herein in determining whether to employ applicant. Applicant further acknowledges and understands that the City considers all answers and information provided to be material to the application that it will, in fact, rely upon said answers and information in making its employment decision regarding applicant. In the event of employment, **I understand that false or misleading information given in my application or interview(s) may result in discharge**

Signature of applicant

Date

****FOR PERSONNEL DEPARTMENT USE ONLY****

ARRANGE FOR INTERVIEW { } YES { } NO

REMARKS: _____

(Name of Interviewer)

(Date)

EMPLOYED { } YES { } NO DATE OF EMPLOYMENT: _____

JOB TITLE: _____

SALARY: _____ DEPARTMENT: _____

BY: _____
(Name and Title)

(Date)

****COMMENTS****

ADDENDUM TO THE CITY OF NORTH OLMSTED
EMPLOYMENT APPLICATION

All applicants applying for a position that requires a Commercial Driver's License with the City of North Olmsted are required to possess a Class "B". Applicants are also required to complete this form along with the standard employment application.

Have you held any job within the past ten (10) years that required driving? YES NO

- If you checked **NO**, please go to the reverse side, and sign and date this form
- If you checked **YES**, please complete this employment application addendum, even if this employment is listed on the employment application.

Name of Employer: _____	
Address of Employer: _____	
Supervisors Name: _____	Phone Number: () _____
Date you Started this Employment: _____	Date you left this Employment: _____
Describe Nature of Work: _____	

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Supervisors Name: _____ Phone Number: () _____

Date you Started this Employment: _____ Date you left this Employment: _____

Describe Nature of Work: _____

Name of Applicant: _____

(PLEASE PRINT)

Signature of Applicant: _____ **Date Signed:** _____