NON-TOBACCO USERS ONLY

City of Marion Ohio

APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL

(Please print) Date _____

Name _____ Soc. Sec. # _____

Address _____
Number Street City State Zip

Telephone No. _____ Referred by ☐ Job Posting ☐ Emp. Agency ☐ Friend or Relative ☐ No One

Are you over 18 years of age? ☐ Yes ☐ No ***If NO, a work permit will be required.***

Are you legally eligible for employment in the United States? ☐ Yes ☐ No *(If hired, verification will be required by law.)*

Position you are applying for: SEASONAL - POOL TEAM MEMBER ☐ Full Time ☐ Part Time

Date you are available to start work: _____ Salary or Wages desired: $_____ hr.

Have you worked for us before? ☐ Yes ☐ No If YES, when? _____ Position _____

Indicate special training, qualifications, or skills (equipment, machinery, types of office skills) _____

_____

_____

Indicate any name(s) you have used, other than your present name _____

_____

Do you currently have a valid Ohio Driver's License? ☐ Yes ☐ No

Operator's License # _____ CDL # _____ License Expiration Date _____

List any traffic violation convictions, including date, place of occurrence, violation and disposition (exclude parking violations):

_____

_____

EDUCATION

Name & Location of School	Course of Study	Years Completed	Did you Graduate?
Elementary			
High School			
College	Major Degree		
Other			

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PRIOR EMPLOYMENT

(Start with most recent employer, attach list for additional employers if needed)

Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK AND DUTIES	DATE DISCHARGED

PERSONAL REFERENCES

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

CERTIFICATION (READ CAREFULLY BEFORE SIGNING)

I hereby authorize the City to conduct an investigation concerning all statements contained in my application for employment, to interview all employers, and to conduct any other investigation that it deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish the City with all information pertaining to me concerning convictions and arrests for which convictions were obtained and I hereby release the City and any law enforcement agency, judicial officer, or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation.

> The Fair Credit Reporting Act (Public Law 91-588) requires that we advise you that a routine inquiry may be made into an applicant's background. If a Consumer Reporting Agency is engaged in the investigation, information relevant to the nature and scope of the inquiry, if one is made, will be provided upon applicant's written request.

I CERTIFY THAT ANY AND ALL STATEMENTS WHICH I HAVE SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO RECOGNIZE THAT ANY MISSTATEMENT I HAVE MADE HEREIN MAY SUBJECT ME TO DISCHARGE IN THE EVENT THAT I AM HIRED. I FURTHER UNDERSTAND THAT EMPLOYMENT MAY BE CONTINGENT UPON SATISFACTORLY PASSING A PRESCRIBED PHYSICAL EXAMINATION, INCLUDING DRUG AND ALCOHOL TESTS. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATEDAT ANY TIME WITHOUT PREVIOUS NOTICE.

_____ **Date**

_____ **Signature (must be in ink)**

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position applied for _____ Date _____

Referral Source

☐ Walk-in ☐ Government Employment Agency ☐ Private Employment Agency
☐ Employee ☐ Relative ☐ School
☐ Advertisement - Source _____ ☐ Other

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ ( ) _____
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

☐ White ☐ African American ☐ Hispanic
☐ American Indian/ Alaskan Native ☐ Asian/Pacific Islander

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974and the Rehabilitation Act of 1973are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

☐ Vietnam Era Veteran (served between 1964-1975) ☐ Disabled Veteran ☐ Individual with a disability