

CITY OF MARION, OHIO **APPLICATION FOR EMPLOYMENT** *NON-TOBACCO USERS ONLY*

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. # _____
 (Last) (First) (Middle)

Address _____
 No. Street City State Zip

Telephone No. _____ Referred by Our Job Position 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(s) applied for _____ Full Time Part Time

Date you are available to start work: _____ Salary or Wages desired: \$ _____ Hr. Wk.

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

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

Valid Ohio Driver's License? Yes No Operator's _____ CDL _____
 Number Number

Expiration Date _____ List any traffic violation convictions: Date, place of occurrence, violation and disposition (Exclude parking violations). _____

Have you ever been convicted of a felony? _____ If YES, list convictions: (Including date and court record.) (A conviction does not necessarily disqualify an applicant for the position being applied for).

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

PRIOR EMPLOYMENT*(Start with most recent employer)***Attach list of any prior to the most recent three.**

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	YRS 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 SATISFACTORILY PASSING A PRESCRIBED PHYSICAL EXAMINATION INCLUDING DRUG 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 TERMINATED AT ANY TIME WITHOUT PVIOUS NOTICE.

Date

Signature (in ink)

(Revised 3/95)

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 you official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position(s) applied for _____ Date _____

Referral Source

- | | | |
|-------------------------------------------------------|-------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> 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:

- | | | |
|---------------------------------------------------------|-------------------------------------------------|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> 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 1974 and the Rehabilitation Act of 1973 are 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 you 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

ONLY APPLICANTS FOR LIFEGUARD NEED TO FILL THIS FORM OUT.

Aquatics Department - Lifeguard Supplemental Questionnaire. ONLY applicants that have already completed Lifeguard certification may apply to be a lifeguard.

****Required question**

1. ****Do you have a current American Red Cross (ARC), YMCA or Ellis Lifeguard certification?**
 Yes No
2. ****Do you have a current ARC, YMCA or Ellis CPR & AED for Lifeguards certification?**
 Yes No
3. ****Do you have a current ARC, YMCA or Ellis lifeguard Training and First-Aid certification?**
 Yes No
4. Please indicate when any of your certifications expire.
5. ****How much lifeguarding experience do you have?**
 Just certified
 Less than one year
 1 to 2 years
 More than 2 - 5 years
 More than 5 years
6. What type of facility (pool/aquatic center) have you worked at?
7. Have you previously taught swim lessons?
 Yes No
8. How much experience do you have teaching swim lessons?
 Less than one year
 1 to 2 years
 More than 2 - 5 years
 More than 5 years
9. Do you have your American Red Cross WSI certification?
 Yes No
10. Have you previously taught water fitness classes?
 Yes No
11. How much experience do you have teaching water fitness?
 Less than one year
 1 to 2 years
 More than 2 - 5 years
 More than 5 years