



APPLICATION FOR EMPLOYMENT

Applicant may be disqualified if all sections of application are not fully completed.

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 _____

First Name _____ Full Middle Name _____ Last Name _____

Social Security # _____ Email Address: _____

Telephone #: _____ Alternate Phone #: _____

Current Address: _____ How Long? ____ yrs ____ mos
Number Street City State Zip

Previous address(es) if residing at current address less than 10 years (attach additional list, if necessary)

_____ How Long? ____ yrs ____ mos
Number Street City State Zip

_____ How Long? ____ yrs ____ mos
Number Street City State Zip

Position you are applying for: ASSISTANT WPC SUPERINTENDENT Full Time Part Time

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.)*

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

Have you worked for the City of Marion 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 and/or criminal convictions. Include date, place of occurrence, violation and disposition (exclude parking violations):

Have you ever been convicted of a felony? Yes No If YES, list convictions: Include 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?
High School			
College	Major		
	Degree		
Other			

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 SATISFACTORILY 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 TERMINATED AT 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

- | | | |
|---|---|--|
| <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 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