

City of Eaton, Ohio
APPLICATION FOR EMPLOYMENT

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Name _____ Social Security # _____ - _____ - _____
Last First Middle

Address _____
Street City State ZIP

Telephone #_(_____) _____ Mobile/Other Phone #_(_____) _____ Email _____

Position(s) Applied For _____ Date of Application ____/____/____

Referral Source (Please check the appropriate category and name the source.)

- | | |
|--|---|
| <input type="checkbox"/> Walk-in _____ | <input type="checkbox"/> School _____ |
| <input type="checkbox"/> Employee _____ | <input type="checkbox"/> Job Fair _____ |
| <input type="checkbox"/> Advertisement _____ | <input type="checkbox"/> Staffing Agency _____ |
| <input type="checkbox"/> Company's Website _____ | <input type="checkbox"/> Govt. Empl. Agency _____ |
| <input type="checkbox"/> Other Internet _____ | <input type="checkbox"/> Other _____ |

If necessary best time to call you at home is _____

May we contact you at work? Yes No

If **yes**, work number and best time to call:

_(_____) _____ AM
 _____ PM

If you are under 18 and it is required, can you furnish a work permit? Yes No

If **no**, please explain: _____

Have you submitted an application here before? Yes No

If **yes**, give date(s) and position(s): _____

Have you been employed here before? Yes No

If **yes**, give dates, From ____/____/____ To ____/____/____

Are you legally eligible for employment in this country? Yes No

Date available for work ____/____/____

What is your desired salary range or hourly rate of pay?

\$ _____ per _____

Type of employment desired: Full-Time Part-Time
 Educational Co-Op Seasonal Temporary

Will relocate if job requires it? Yes No

Will you travel if job requires it? Yes No

If they have been explained to you, are you able to meet the attendance requirements of the position? NA Yes No

Will you work overtime if required? Yes No

If **no**, please explain: _____

Are you able to perform the essential functions of the job for which you are applying (with or without reasonable accommodation)?

This question is not designed to elicit information about an applicant disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job's "essential functions" to respond.

Driver's license number required if driving may be required in the job for which you are applying:

_____ State _____

Have you ever been bonded? Yes No

Answering 'yes' to the following question does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of the violation, rehabilitation and position applied for will be taken into account.

Have you ever pleaded 'guilty' or 'no contest' to, or been convicted of a crime? Yes No

If **yes**, please provide date(s) and details: _____

Have you entered into an agreement with any former employer or other party (such as noncompetition agreement) that might, in any way, restrict your ability to work for our company? Yes No

If **yes**, please explain _____

EMPLOYMENT HISTORY

Starting with your most recent employer, provide the following information:

Employer	Telephone #	Year	Month / Year	Month /
Street Address	City	Dates Empl:	/ to /	
Starting job title/final job title		Compensation (starting)		
Immediate supervisor and title (for most recent position held)	May we contact them for reference?	[] Hourly [] Salary \$ _____ per _____		
Why did you leave?	[] Yes [] No [] Later	Compensation (final)		
Summarize type of work performed and job responsibilities.		[] Hourly [] Salary \$ _____ per _____		
What did you like most about your position?		Commission /bonus/other compensation \$ _____		
What were the things you like least about the position?				

Employer	Telephone #	Year	Month / Year	Month /
Street Address	City	Dates Empl:	/ to /	
Starting job title/final job title		Compensation (starting)		
Immediate supervisor and title (for most recent position held)	May we contact them for reference?	[] Hourly [] Salary \$ _____ per _____		
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What were the things you like least about the position?				

EMPLOYMENT HISTORY (continued)

Explain any gaps in your employment, other than those due to personal illness, injury and disability: _____

If not addressed on previous page, have you ever been fired or asked to resign from a job? Yes No

If **yes**, please explain: _____

SKILLS AND QUALIFICATIONS

Summarize any special training, skills, licenses and/or certificates that may assist you in performing the positions for which you are applying:

Computer Skills (check appropriate boxes, include software titles and years of experience)

- Word Processing _____ Years: _____ Internet _____ Years: _____
- Spreadsheet _____ Years: _____ Other _____ Years: _____
- Presentation _____ Years: _____ Other _____ Years: _____
- E-Mail _____ Years: _____ Other _____ Years: _____

EDUCATIONAL BACKGROUND

Starting with your most recent school attended, provide the following information.

School (include City and State)	Years Completed	Completed	GPA Class Rank	Major / Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

REFERENCES

List names and telephone numbers of three business/work references who are *not* related to you and are not previous supervisors.
 If not applicable, list three school or personal references who are *not* related to you.

Name	Title	Relationship to You	Telephone	Number of Years Known

RELATED INFORMATION

To what job-related organizations (professional, trade, etc.) do you belong? (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. (Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve, National Guard or any other similarly protected status.

In your current or a previous job, have you ever written instructions or directions to be followed by employees or customers?

Yes No Not applicable

If **yes**, please explain:_____

Is there any other job-related information you want us to know about you?_____

APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with this employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any an all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from considered for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration law requires me to complete an I-9 Form in this regard.

This Company does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, citizenship, age, disability, or any other protected statutes under applicable federal, state or local law. This Company likewise does not tolerate harassment based on sex, race, color, religion, national origin, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The Company takes all complaints of harassment seriously and all complaints will investigate promptly and thoroughly.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant_____ Date:_____/_____/_____

VETERAN STATUS INFORMATION (continued)

Please check all boxes that apply to you:

I am a veteran of the Vietnam era. A person who: (a) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred in: (i) the Republic of Vietnam between February 28, 1961 and May 7, 1975 or (ii) between August 5, 1964 and May 7, 1975, in all cases; OR (b) was discharged or released from active duty for a service-connected disability if any part of such active duty was performed during the times and places specified under (a).

I am a recently separated veteran. Any veteran during the one-year period beginning on the date of such veteran's discharge or release from active duty.

I am an other protected veteran. A person who served on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized, under laws administered by the Department of Defense.

I would like to be included under the company's affirmative action (if applicable) pertaining to veterans of the Vietnam era, recently separated veterans and other protected veterans. (Note that you may make this request at this time and/or any time in the future.)

None of the above applies to me.

SPECIAL DISABLED VETERANS (Applicant: Only complete this section if the Company has checked "Yes" below.)

EMPLOYER: Please indicate whether you are inviting applicants to participate in your company's affirmative action program benefiting special disabled veterans.

Yes. The Company invites its applicants to provide information (on a voluntary basis) regarding their status as a "special disabled veteran" for inclusion in the company affirmative action program.

Check this box ONLY if the company is actually undertaking affirmative action for special disabled veterans at the application state (pre-offer) or is otherwise authorized to collect this data to comply with federal, state, or local affirmative action obligations pertaining to special disabled veterans. Otherwise, it is advisable to wait until a conditional offer of employment has been extended before inquiring about disability status.

APPLICANT:

If the company has checked "Yes" to the question above, you are invited to provide additional information regarding your status as a "special disabled veteran." This information will assist us in placing you in an appropriate position and in making accommodations for your disability. The law defines a "special disabled veteran" as:

- a) a veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability rated at 20 percent or more, or related at 10 or 20 percent in the case of a veteran who has been determined by the Department of Veterans Affairs to have a serious employment handicap, or
- b) a person who was discharged or released from active duty because of a service-connected disability.

If you are a special disabled veteran, please indicate whether you would like to be included under the company's affirmative action program for special disabled veterans. You may elect to be included at this time or any time in the future.

Yes. I would like to be included under the company's affirmative action program for special disabled veterans. (If a job offer is extended, you may be asked to provide more information to assist with placement and accommodation issues.)

No. At this time, I would not like to be included in the company's affirmative action program for special disabled veterans.

If you are a special disabled veteran, it would assist us if you tell us about any special methods, skills, and procedures which qualify you for positions that you might not otherwise be able to do because of your disability so that you will be considered for any positions of that kind.

Applicant's Signature _____

FOR ADMINISTRATIVE USE ONLY

Hired Yes No Position hired for _____

From the EEO job classifications listed below, which on best describes the position filled (or applied for, if applicant rejected)?

- | | | |
|--|---|---|
| <input type="checkbox"/> Executive / Senior Level Officials and Managers | <input type="checkbox"/> Technicians | <input type="checkbox"/> Craft Workers |
| <input type="checkbox"/> First/Mid-Level Officials & Managers | <input type="checkbox"/> Sales Workers | <input type="checkbox"/> Operatives |
| <input type="checkbox"/> Professionals | <input type="checkbox"/> Administrative Support Workers | <input type="checkbox"/> Laborers and Helpers |
| <input type="checkbox"/> Service Workers | | |

Notes: _____

Completed by: _____ Date ____/____/____