



CITY OF CELINA

APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

Application
of:

Applicant's Name

Date

Qualified applicants will be considered for employment without regard to race, color, religion, gender, national origin, age, marital status, mental or physical disabilities.

EDUCATION

Schools Attended:	Did You Graduate?	Academic Years Credit	Degrees Received or Expected	Major Subject	Minor Subject
High School and Location:					
College or University:					
Graduate or Technical School:					
Trade or Business School:					
Correspondence or Special Courses:					

EMPLOYMENT HISTORY

Current Employer: <small>Enter "None" if unemployed</small>			Title of Current Position:		
Address:			Name and Title of Immediate Supervisor:		
Describe your duties, responsibilities, equipment operated, promotions, etc.					
Dates Employed:		From:	To:	Starting Salary:	Ending Salary:
Reason for Desiring Change:					
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				Telephone Number:	
Previous Employer:			Title of Last Position:		
Address:			Name and Title of Immediate Supervisor:		
Describe your duties, responsibilities, equipment operated, promotions, etc.					
Dates Employed:		From:	To:	Starting Salary:	Ending Salary:
Reason for Leaving:					
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No				Telephone Number:	

EMPLOYMENT HISTORY, continued

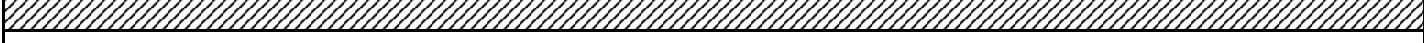
Previous Employer:		Title of Last Position:		
Address:		Name and Title of Immediate Supervisor:		
Describe your duties, responsibilities, equipment operated, promotions, etc.				
Dates Employed:	From:	To:	Starting Salary:	Ending Salary:
Reason for Leaving:				
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number:		



Previous Employer:		Title of Last Position:		
Address:		Name and Title of Immediate Supervisor:		
Describe your duties, responsibilities, equipment operated, promotions, etc.				
Dates Employed:	From:	To:	Starting Salary:	Ending Salary:
Reason for Leaving:				
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number:		



Previous Employer:		Title of Last Position:		
Address:		Name and Title of Immediate Supervisor:		
Describe your duties, responsibilities, equipment operated, promotions, etc.				
Dates Employed:	From:	To:	Starting Salary:	Ending Salary:
Reason for Leaving:				
May we contact the employer listed above? <input type="checkbox"/> Yes <input type="checkbox"/> No		Telephone Number:		



Please use a blank sheet of paper to list any additional employment information, if needed.

WORK EXPERIENCE

What special qualifications do you have?

What equipment can you operate?

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.

REFERENCES

Please list three (3) references who are not related to you that you have known at least one (1) year.

Name: Telephone:

Address:

Name: Telephone:

Address:

Name: Telephone:

Address:

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the City before initialing the paragraph.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical examination that the City deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this includes drug, alcohol, or substance abuse testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the City, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that the City requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the City require that the City's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the City to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the City. I further authorize the release of personnel, academic, and other records to the City.

Initials: _____

6. I understand that any employment that may be offered to me by the City of Celina, Ohio is subject to a criminal background investigation and a driver's license records search if applying for a position requiring me to operate a City vehicle.

Initials: _____

7. I understand and agree that I shall be subject to reasonable suspicion drug and or alcohol testing at any time during my employment.

Initials: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE CITY WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

Applicant's Signature

Date