

**THE CITY OF WAPAKONETA, OHIO
PERSONNEL POLICY AND PROCEDURE MANUAL**

APPLICATION FOR EMPLOYMENT

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AN EQUAL OPPORTUNITY EMPLOYER

POSITION SOUGHT: _____

LAST NAME: _____ FIRST NAME: _____

HOME ADDRESS: _____ COUNTY: _____

CITY/STATE/ZIP: _____

PHONE NUMBER: _____ EMAIL: _____

ARE YOU AT LEAST 18 YEARS OF AGE? YES: _____ NO: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

BEGIN WITH YOUR CURRENT EMPLOYER USE ADDITIONAL PAPER IF NECESSARY

CURRENT EMPLOYER: _____

(Enter "None" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES: _____ NO: _____

ADDRESS: _____

PHONE NUMBER: _____ SALARY: _____ PER _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DO YOU WANT TO LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

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PHONE NUMBER: _____ SALARY: _____ PER _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

PREVIOUS EMPLOYER: _____

ADDRESS: _____

PHONE NUMBER: _____ SALARY: _____ PER _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EQUIPMENT OPERATED,
PROMOTIONS, ETC.: _____

WHY DID YOU LEAVE? _____

EDUCATION AND TRAINING

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

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COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ DEGREE: _____

COURSES PERTAINING TO JOB APPLIED FOR: _____

PLEASE PROVIDE FURTHER INFORMATION ON TRAINING, EDUCATION, SKILLS, ETC., THAT MAY BE HELPFUL IN THE EVALUATION OF YOUR APPLICATION.

PERSONAL INFORMATION

DO YOU HAVE ANY COMMITMENTS (I.E., SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH YOUR EMPLOYMENT? YES: _____ NO: _____

If yes, please explain: _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? YES: _____ NO: _____

If no, can you obtain one prior to employment? YES: _____ NO: _____

ARE YOU ELIGIBLE TO WORK IN THE UNITED STATES? YES: _____ NO: _____

ARE YOU A RESIDENT OF OHIO? YES: _____ NO: _____

If not, are you willing to become a resident upon employment? YES: _____ NO: _____

PLEASE LIST THREE (3) REFERENCES WHO ARE NOT RELATED TO YOU THAT YOU HAVE KNOWN AT LEAST ONE (1) YEAR:

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

NAME: _____

PHONE: _____ ADDRESS: _____

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PLEASE READ AND INDICATE YOUR UNDERSTANDING/CONSENT

1. I understand and accept that, if selected for employment, employment may be conditioned upon passing a medical examination that the employer deems necessary to determine whether I can physically perform the functions of the position. I understand and accept this may include drug, alcohol, or substance abuse testing.
2. If employed, I understand and accept that, depending on department needs, I may be required to work evening/night shifts, weekends, mandatory overtime hours, or be on call.
3. I understand and accept that if any information in this application is falsified or intentionally excluded, my application may be disqualified from consideration. If I am employed by the employer, I may be subject to disciplinary action, including termination, if any information provided in this application has been falsified or intentionally excluded.
4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement/informational agencies that exchange data with the employer require the employees to not have a past record of unlawful activities. Therefore, I understand and accept that it may be necessary for the employer to investigate my background for any criminal or unlawful activity.
5. I hereby authorize the employers, schools and personal references named in this application to provide information to the employer. I further authorize the release of personnel, academic and other records to the employer.

I SOLEMNLY SWEAR THAT 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 OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OF LAWSUIT RELATING TO MY SERVICE WITH THE CITY OF WAPAKONETA MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE ACTION THAT IS THE SUBJECT OF THE CLAIM. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY. I UNDERSTAND THAT I AM REQUIRED TO ABIDE BY ALL RULES AND REGULATIONS OF THE EMPLOYER.

(Applicant's Signature)

(Date)

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AUTHORIZATION FOR RELEASE OF INFORMATION AGREEMENT

TO WHOM IT MAY CONCERN: I am an applicant for a position with the City of Wapakoneta. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualification to hold the position for which I have applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the above potential Employer.

I consent to your release of any and all public and private information that you may have concerning me; my work record; my background; educational records; my financial status; my criminal history record, including any arrest records or recollections of attorneys at law or other counsel, whether representing me or another person in any case either criminal or civil, in which I presently have or have had an interest; attendance records; and any investigation and/or disciplinary actions including any files which are deemed to be confidential.

I hereby release you from liability or damages that may result from furnishing the information requested to a representative of the City of Wapakoneta.

I agree to hold the City of Wapakoneta harmless from any and all claims and liability associated with my application for employment or in connection with the decision whether or not to employ me. I understand that should information of a serious criminal nature surface as a result of the investigation, such information may be turned over to the proper authorities.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form. I agree to indemnify and hold harmless the person to whom this request is presented, from and against all claims, damages, losses, and expenses, arising out of or by reason of complying with this request.

Name

Social Security Number

Address

Telephone Number

City

State

Zip

Witness

Applicant's Signature

Witness

Date

Sworn to me and subscribed in my presence this _____ day of _____, 20____.

Notary