

Employment Application

701 Parlette Court, PO BOX 269, Wapakoneta, OH 45895



City of

WAPAKONETA

Positions you are applying for: _____

Salary expectations: _____

Date available for work: _____

PERSONAL INFORMATION

First Name _____

Middle Name _____

Last Name _____

Street Address _____

City _____

State _____

Zip Code _____

Mobile Phone: _____

Email Address: _____

Are you legally authorized to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No

Do you possess a valid driver's license? Yes No

Are you currently a resident of Ohio? Yes No

Have you ever worked for this company before? Yes No

If not, are you willing to relocate upon employment? Yes No

If yes, when and what department? _____

EDUCATION

School Name	Location	Years Attended	Degree Received	Major

EMPLOYMENT HISTORY

(Begin with most recent employer, use additional pages if necessary)

Current Employer: _____ Dates of Employment: _____

Address: _____

Position: _____ City _____ State _____ Zip Code _____

Work Responsibilities: _____

Starting Wage: _____ Current Wage: _____

Supervisor Name and Title: _____ Supervisor Phone Number: _____

Reason for leaving: _____ May we contact them: Yes No

Previous Employer: _____ Dates of Employment: _____

Address: _____

Position: _____ City _____ State _____ Zip Code _____

Work Responsibilities: _____

Starting Wage: _____ Current Wage: _____

Supervisor Name and Title: _____ Supervisor Phone Number: _____

Reason for leaving: _____ May we contact them: Yes No

Previous Employer: _____ Dates of Employment: _____

Address: _____

Position: _____ City _____ State _____ Zip Code _____

Work Responsibilities: _____

Starting Wage: _____ Current Wage: _____

Supervisor Name and Title: _____ Supervisor Phone Number: _____

Reason for leaving: _____ May we contact them: Yes No

REFERENCES

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

Name: _____ Phone: _____ Relationship and length: _____

Name: _____ Phone: _____ Relationship and length: _____

Name: _____ Phone: _____ Relationship and length: _____

EMPLOYMENT ACKNOWLEDGMENT AND DISCLOSURE

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. The City of Wapakoneta is a drug and alcohol-free work environment.
2. If employed, I understand and accept that, depending on department needs, I may be required to work evening/nightshifts, 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 information 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 their lease 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

Authorization For Release of Information Agreement

701 Parlette Court, PO BOX 269, Wapakoneta, OH 45895



City of

WAPAKONETA

Authorization For Release of Information

I am an applicant for a position with the City of Wapakoneta. The City of Wapakoneta needs to thoroughly investigate my employment background and personal history to evaluate my qualifications 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 photo copy 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 Signature

Applicant's Signature

Witness Signature

Date

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

Notary