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



Positions you are applying			Salary expectations:		
Date available for work: _					
PERSONAL INFORMATIO	N				
First Name		Middle Name	Last Name		
					-
Street Address	F:1 A	City	State	Zip Code	
Mobile Phone:Are you legally authorized to		ddress:	10 years of ago? Voc	No.	_
Do you possess a valid drive			18 years of age? Yes y a resident of Ohio? Ye	No es No	
Have you ever worked for thi		•	lling to relocate upon emplo		0
If yes, when and what depar				,	
EDUCATION					
School Name	Location	Years Attended	Degree Received	Major	
EMPLOYMENT HISTORY		(Begin with most recer	nt employer, use addition	al pages if necessary	v)
Current Employer:			of Employment:		
Address:					-
Position:			State	Zip Code	
Work Responsibilities: Starting Wage:		Current Wage:			
Supervisor Name and Title:					
Reason for leaving:					
Previous Employer:			of Employment:		
Address:					-
Position:			State	Zip Code	
Work Responsibilities:					
Starting Wage:Supervisor Name and Title:			Supervisor Phone Number		
Reason for leaving:			lay we contact them:	Yes No	
Troubon for touving.			-		
Previous Employer:			of Employment:		
Address:					-
Position:			State	Zip Code	
Work Responsibilities:					
Starting Wage:		Current Wage:	 Supervisor Phone Number: ₋		
Supervisor Name and Title: Reason for leaving:			Supervisor Phone Number: ₋ lay we contact them:	Yes No	
neason for teaving			iay we contact them.	Tes NO	
REFERENCES					
Please list three (3) reference	ces who are not related to y	ou that you have known at le	east one (1) year:		
Name:				ength:	
Name:		Phone:	Relationship and l	ength:	
Name:		Phone:	Relationship and l	ength:	

EMPLOYMENT ACKNOWLEDMENT AND DISCLOSURE

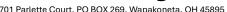
- I understand and accept that, if selected for employment, employment may be conditioned upon passing a medical
 examination that the employer deems necessary to determine whether I can physically perform the functions of the
 position. I understand and accept this may include drug, alcohol, or substance 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





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 Sworn to me and subscribed in my presence this		 Date day of		
			Notary	, – 7