

**CITY OF FOSTORIA
PERSONNEL POLICY AND PROCEDURES MANUAL
AN EQUAL OPPORTUNITY EMPLOYER APPLICATION FOR EMPLOYMENT**

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.....
PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS

.....
CONTAINED ON THE ENTIRE APPLICATION FORM
.....

POSITION SOUGHT: _____

NAME: _____
Last First Middle Initial

HOME ADDRESS: _____

CITY/STATE/ZIP: _____

COUNTY: _____ HOME PHONE: _____

S.S. NUMBER: _____ ARE YOU AN ADULT? YES NO

.....
EMPLOYMENT HISTORY AND WORK EXPERIENCE

IN THIS SECTION, LIST ALL EMPLOYMENT HISTORY AND WORK EXPERIENCE IN DATE ORDER, INCLUDING MILITARY EXPERIENCE. BEGIN WITH YOUR CURRENT EMPLOYER. USE ADDITIONAL PAPER IF NECESSARY. FAILURE TO INCLUDE ALL EMPLOYMENT MAY BE GROUNDS FOR DISQUALIFICATION.
.....

CURRENT EMPLOYER: _____
(Enter "NONE" if unemployed)

MAY WE CONTACT YOUR CURRENT EMPLOYER PRIOR TO EMPLOYMENT?

YES NO

ADDRESS: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____

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

WHY DO YOU WANT TO LEAVE? _____

.....

PREVIOUS EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____

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

WHY DID YOU LEAVE? _____

.....

PREVIOUS EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____

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WHY DID YOU LEAVE? _____

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PREVIOUS EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

SUPERVISOR'S NAME: _____

BEGINNING SALARY: _____ PER _____ CURRENT SALARY: _____

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

WHY DID YOU LEAVE? _____

.....

PREVIOUS EMPLOYER: _____

ADDRESS: _____

DATES EMPLOYED: _____ TO _____

JOB TITLE: _____

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DESCRIBE YOUR DUTIES, RESPONSIBILITIES, EEQUIPMENT OPERATED, PROMOTIONS, ETC.

WHY DID YOU LEAVE? _____

.....
IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS OR ANY OTHER INFORMATION RELATED TO PREVIOUS EMPLOYERS, PLEASE USE A BLANK SHEET OF PAPER TO DO SO.
.....

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT THE APPLICANT HAS COMPLETED. IT IS ALSO TO DEMONSTRATE THE SKILLS, KNOWLEDGE, AND ABILITIES OF THE APPLICANT TO PERFORM THE JOB DUTIES OF THE POSITION.

.....

HIGH SCHOOL ATTENDED: _____

ADDRESS: _____

DID YOU GRADUATE? _____ HIGH SCHOOL EQUIVALENT? _____

COURSES PERTAINING TO THE JOB APPLIED FOR: _____

ACTIVITIES, AWARDS, SPORTS, ETC: _____

COLLEGE OR TRADE SCHOOL ATTENDED: _____

ADDRESS: _____

DATES OF ATTENDANCE: _____ TO _____

DID YOU GRADUATE? _____ DEGREE: _____

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PERSONAL INFORMATION
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DO YOU HAVE ANY COMMITMENTS (I.E. SECOND JOB, SCHOOL, ETC.) WHICH MIGHT INTERFERE WITH, OR ADVERSELY AFFECT, YOUR EMPLOYMENT SHOULD WE SELECT YOU FOR A POSITION? YES NO

IF YES, PLEASE EXPLAIN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, PLEASE EXPLAIN: _____

(THE EMPLOYER WILL ONLY CONSIDER SPECIFIC CRIMES RELATED TO QUALIFICATIONS FOR POSITIONS APPLIED FOR.)

DO YOU POSSESS A VALID DRIVERS 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

ARE YOU RELATED TO ANYONE THAT IS CURRENTLY EMPLOYED BY THE CITY OF FOSTORIA?
YES NO

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

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

NAME: _____

ADDRESS: _____

PHONE: _____

.....
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 EMPLOYER BEFORE INITIALING THE PARAGRAPH.
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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 employer deems necessary to determine whether I can physically perform the essential functions of the position, with the reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.

Initials: _____

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

Initials: _____

3. 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 and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that,

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depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

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

Initials: _____

5. This application will be considered active for 12 months from the date filed. If you are hired, it will become part of your official employment record.

Initials: _____

****READ CAREFULLY BEFORE SIGNING****

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 MISINTERPRETATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT.

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

FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE CITY OF FOSTORIA MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

(Applicant's Signature)

(Date)

(Notarized By)

(Date)

EQUAL EMPLOYMENT OPPORTUNITY

The Ohio Fair Employment Practice Law prohibits employment practices that discriminate based on race, color, religion, sex, age, national origin, qualifying disability, or ancestry. The 1964 Civil Rights Act, Title VII, prohibits discrimination based on race, color, religion, sex, or national origin.

The Ohio Administrative Code, Section 4112-5-04, requires the _____ to record and report the information listed below. Please help us comply by providing the answers to the following questions.

This Equal Employment Opportunity Form will be kept in a CONFIDENTIAL FILE separate from the Application for Employment. It will not be used to determine employment eligibility.

POSITION APPLIED FOR:

RACE/ETHNIC GROUP:

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Hispanic
- Black
- White

SEX:

- Female
- Male

VIETNAM ERA VETERAN:

- Yes
- No

DISABLED VETERAN:

- Yes
- No

DO YOU HAVE A DISABILITY OR MEDICAL CONDITION THAT NEEDS TO BE ACCOMMODATED TO PROVIDE YOU WITH AN ACCESSIBLE WORK ENVIRONMENT?

- Yes
- No

REFERRED BY:

- Job Posting
- Newspaper:
- Friend
- Other (please specify):

Thank you for completing this form.

THIS INFORMATION IS TO BE UTILIZED FOR AFFIRMATIVE ACTION USE ONLY.