

Based upon your education and experience, please describe the skills, knowledge and abilities which qualify you for this position:

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY

1. Title of position: _____

Immediate Supervisor & Title: _____

May we contact: _____ YES _____ NO

Dates of employment (use month and year) _____

Annual Salary: _____

Name, Address and Phone Number of Employer: _____

Describe duties of position: _____

Reason for leaving: _____

2. Title of position: _____

Immediate Supervisor & Title: _____

May we contact: _____ YES _____ NO

Dates of employment (use month and year) _____

Annual Salary: _____

Name, Address and Phone Number of Employer: _____

Describe duties of position: _____

Reason for leaving: _____

3. Title of position: _____

Immediate Supervisor & Title: _____

May we contact: _____ YES _____ NO

Dates of employment (use month and year) _____

Annual Salary: _____

Name, Address and Phone Number of Employer: _____

Describe duties of position: _____

Reason for leaving: _____

Are you now employed? _____ Yes _____ No _____ Full-time _____ Part-time

Were you discharged or asked to resign from any position that you held? _____ Yes _____ No

If yes, state circumstances: _____

Have you ever been convicted of a felony? _____ Yes _____ No

If "yes", give the nature of the offense, the date of conviction, the penalty imposed for the offense, and the date of release from prison, if applicable. Note that a conviction received will not necessarily be a bar to employment.

The City of West Carrollton tests its employees for drug use. Will you voluntarily submit yourself for drug testing when requested? _____ Yes _____ No

Do you have any relatives employed by the City of West Carrollton? If so, what is the relationship, their name, and the department which they are presently employed?

EQUAL OPPORTUNITY EMPLOYER

Our city government accepts for employment and promotes its employees without regard to race, color, religion, sex, age, marital status, national origin, ancestry, physical or mental handicap unrelated to ability of an individual, or an unfavorable discharge from military service, and bases appointments and promotions on merit, experience, and other qualifications applied fairly to all applicants and in accord with state and federal law.

I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, will be sufficient reason not to hire me and will be cause for my dismissal.

I understand the City is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

I understand that an investigative consumer report may be made concerning my character, general reputation, personal characteristics and mode of living. Upon written request within a reasonable period of time, I can obtain from the City a written disclosure of the nature and scope of the investigation requested.

I hereby authorize those parties to whom this document, (or a reproduction of this document) is presented to make full disclosure of any and all records, reports, and related documents or information that would reflect favorably or unfavorably upon my application for a position with the City of West Carrollton. In addition, I authorize those parties to conduct a credit check, drug and alcohol testing, polygraph, pre-employment physical, and psychological examination. I further release from liability any person or persons, office, or institution so providing aforementioned information in connection with the pre-employment investigation. I also specifically waive any right I may have to written notice from my former employer, references or schools prior to the release of any of my employment information to the City.

Signature of Applicant

Date

____ - ____ - ____
Social Security Number

Do not write below this line. For Personnel use only.

Applicant: ____ Rejected ____ Accepted Test Score ____ Interview Score ____ Total ____

Reason for rejection: _____

Job Offered ____ Yes ____ No

CITY OF WEST CARROLLTON, OHIO

EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

Applicants for employment are requested, **but not required**, to provide the following supplementary data. Availability of this data assists in the maintenance of an Equal Employment Opportunity Program. Please **DO NOT** place your name on this form.

This information helps us comply with government record keeping, reporting and other legal requirements and will be kept in a **Confidential File** separate from the Application for Employment. We appreciate your cooperation.

This form is voluntary and does not affect your employment status.

1. Position: _____ 2. Date of Application: _____

3. Birthdate: _____ 4. Age: _____ (years) 5. Sex _____ M _____ F

6. Marital Status: _____ Single _____ Married _____ Widowed _____ Separated
_____ Divorced

7. Height: _____ 8. Weight: _____

9. U.S. Citizen? _____ Yes _____ No 10. Montgomery County Resident? _____ Yes _____ No

11. West Carrollton Resident? _____ Yes _____ No

12. Race or Ethnic Origin: _____ Caucasian _____ Hispanic _____ Asian
_____ African-American _____ Pacific Islander _____ Other _____

13. Religion: _____

13. How did you learn about job possibilities with the City of West Carrollton?

Friend _____ School _____ Internet _____ Cable TV _____

Dayton Daily News _____ Miamisburg News _____

OML Newsletter _____ City Newsletter _____ Cincinnati Enquirer _____

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM