



City of West Carrollton

300 E Central Ave., West Carrollton, OH 45449

Phone: (937) 859-5181 FAX: (937) 859-3366

Date of Application ____ / ____ / ____

Employment Application

APPLICANTS MUST COMPLETE THE ENTIRE EMPLOYMENT
APPLICATION FORM, EVEN IF A RESUME IS ATTACHED
(please use blue or black ink only)

TITLE OF POSITION FOR WHICH YOU ARE APPLYING: _____

NAME _____
Last _____ First _____ Middle _____

ADDRESS _____
Home Phone : () _____
Cell Phone: () _____
Work Phone: () _____
City _____ State _____ Zip Code _____

E-mail address: _____

Driver's License # _____ State of Issue: _____

If you are under 18 years of age, can you furnish a work permit? _____ YES _____ NO
Have you been employed here before? _____ YES _____ NO
Are you legally eligible for employment in this country? _____ YES _____ NO

Date available for work: _____

Type of employment desired full-time part-time seasonal

Will you submit to any pre-employment testing designed to determine whether you are able to perform the essential functions of the job for which you are applying? _____ YES _____ NO

EDUCATION

Attach Copy of Diploma/GED or Transcripts from Highest Level of Education Obtained

High School Name _____ Location _____	Did you graduate? Yes _____ No _____	If you did not graduate, do you have a G.E.D. Certificate? Yes _____ No _____
Circle grade completed: 1 2 3 4 5 6 7 8 9 10 11 12		
College or University Name _____ Location _____	Did you graduate? Yes _____ No _____	If no degree, list number of units completed. Semester Units _____ Quarter Units _____
Years Completed: 1 2 3 4 5 Degree _____ Major _____ Minor _____		
Post Graduate School/Other Name _____ Location _____	Did you graduate? Yes _____ No _____	
Course _____ Degree _____		

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

EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT HISTORY (Most Recent First)

1. Name, Address and Phone Number of Employer: _____

Title of position: _____

Immediate Supervisor & Title: _____

May we contact: YES NO

Dates of employment (use month and year) _____

Describe duties of position: _____

Reason for leaving: _____

Hours Worked – FT/PT/Shift _____

2. Name, Address and Phone Number of Employer: _____

Title of position: _____

Immediate Supervisor & Title: _____

May we contact: YES NO

Dates of employment (use month and year) _____

Describe duties of position: _____

Reason for leaving: _____

Hours Worked – FT/PT/Shift _____

3. Name, Address and Phone Number of Employer: _____

Title of position: _____

Immediate Supervisor & Title: _____

May we contact: YES NO

Dates of employment (use month and year) _____

Describe duties of position: _____

Reason for leaving: _____

Hours Worked – FT/PT/Shift _____

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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: _____

The City of West Carrollton tests Safety Sensitive 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? Yes No

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.

I understand that if I am selected to continue in the hiring process my Social Security number must be provided.

Signature of Applicant

Date

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 FORM IS VOLUNTARY AND DOES NOT AFFECT YOUR EMPLOYMENT STATUS.

<p>1. Position: _____</p> <p>Full-time _____ Part-time _____</p> <p>Seasonal _____</p>	<p>2. Date of Application:</p> <p>_____ / _____ / _____ month day year</p>
<p>3. Race or Ethnic Origin:</p> <p>White _____ Black _____ Hispanic _____</p> <p>Asian _____ American Indian _____</p> <p>Other _____</p>	<p>4. Sex:</p> <p>M _____ F _____</p>

PLEASE DO NOT PLACE
YOUR NAME ON THIS FORM

PLEASE RETURN TO:

City of West Carrollton
Human Resources Department
300 E. Central Avenue
West Carrollton OH 45449