



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

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

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**\*EQUAL OPPORTUNITY EMPLOYER\***

**EMPLOYMENT HISTORY (Most Recent First)**

1. Name, Address and Phone Number of Employer: \_\_\_\_\_

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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: \_\_\_\_\_

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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.

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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

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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.

1. Position: \_\_\_\_\_

Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Seasonal \_\_\_\_\_

2. Date of Application:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
month      day      year

3. Race or Ethnic Origin:

White \_\_\_\_\_ Black \_\_\_\_\_ Hispanic \_\_\_\_\_

Asian \_\_\_\_\_ American Indian \_\_\_\_\_

Other \_\_\_\_\_

4. Sex:

M \_\_\_\_\_ F \_\_\_\_\_

**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