

APPLICATION FOR EMPLOYMENT
CITY OF BELLEFONTAINE
An Equal Opportunity Employer

Please type or print responses to all the questions contained on the entire application form.

Date of Application _____

Position Sought _____

Last Name _____ First Name _____ MI _____

Address _____

City/State/Zip _____

Phone Number _____

Social Security Number _____

Are you an adult, legally emancipated or otherwise legally eligible to work in the state
Of Ohio? Yes No

Are you legally permitted to work in the United States? 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? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address _____
Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____
Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why do you want to leave? _____ _____

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Previous Employer: _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why did you leave? _____ _____

Previous Employer: _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why did you leave? _____ _____

Previous Employer: _____ Address _____ Phone Number _____ Dates Employed _____ to _____
Job Title _____ Supervisor's Name _____ Beginning Salary _____ per _____ Ending Salary _____ per _____
Describe your duties and responsibilities: _____ _____
Why did you leave? _____ _____

If you need to list any additional 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, and 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? Yes No High school equivalent? Yes No

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

College or Trade School attended _____

Address _____

Dates of Attendance _____ to _____

Did you graduate? Yes No Degree _____

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

Graduate School attended _____

Address _____

Dates of Attendance _____ to _____

Did you graduate? Yes No Degree _____

Courses pertaining to job applied for: _____

Activities, awards, achievements, etc., related to the position applied for _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experience in that may be helpful in the evaluation of your application.

Personal Information

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 _____

Do you have friends or relatives who presently work for the City? Yes No

If yes, list name(s) _____

Please list three references who are not related to you that you have know at least one year.

Name _____ Phone _____ Address _____
Name _____ Phone _____ Address _____
Name _____ Phone _____ Address _____

Please answer the following questions if they are applicable to the position for which you are applying.

Do you possess a valid State of Ohio driver’s license? Yes No
If no, can you obtain one prior to employment? Yes No

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the Employer before initializing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the Employer deems necessary to determine whether I can perform the essential functions of the position, with 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 given the duties and responsibilities of the Employer, I may be required to work weekends, evening hours, or at other times as determined by the Employer, including overtime hours.

Initials: _____

3. I understand and accept that it may be necessary for me to sign waivers in order to permit the Employer to obtain information from my current and former employers, schools, and personal references.

Initials: _____

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my 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 been falsified or intentionally excluded.

Initials: _____

5. In the event the Employer offers and I (the applicant) accept a position with the City, I agree that the employment relationship between me and the Employer will be a classified or unclassified relationship. Unclassified employment can be terminated, with or without cause, and with or without notice, at any time, at the option of either party. For classified employees, employment can be terminated with or without cause, and with or without notice, at any time, at the option of either party, during the probationary period.

Initials: _____

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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 MIREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWL OF AN EMPLOYMENT OFFER 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.

Applicant's Signature

Date