

APPLICATION FOR EMPLOYMENT

City of Wyoming
800 Oak Avenue
Wyoming, OH 45215
(513) 821-7600

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please print clearly or type

| | | |
|--|----------------------|--|
| Position(s) Applied For: | Date of Application: | |
| How Did You Learn About Us? Advertisement _____ Relative _____ Inquiry _____ Employment Agency _____ Friend _____ Other _____ If referred by a current full time employee, please provide their name: _____ | | |

| | | | |
|----------------------|------------|-------------|-------------------|
| Last Name | First Name | Middle Name | |
| Address | | City | State Zip |
| Telephone Number(s): | Home | Work | Cell/Beeper/Other |
| E-mail Address: | | | |

Have you ever been employed with us before?

Yes No

If Yes, give date: _____

Are you currently employed?

Yes No

Are you legally eligible for employment in the United States? (Any offer of employment is conditional on satisfactory proof that you are legally authorized to work in the United States, as required by the Immigration Reform and Control Act of 1986.)

Yes No

Date available for work: _____

Are you available to work: Full Time Part-Time Temporary/Seasonal

Are you currently on "lay-off" status and subject to recall?

Yes No

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any self-employment, summer and part-time jobs. If you need more space, continue on a separate sheet.

| | | | | | | | |
|--|----------------------------|-----|-----|-----|-------------------------------------|--------------------|--|
| Company Name, Address. Tele #, & Type of Business | From | | To | | | Reason for Leaving | |
| | Mo. | Yr. | Mo. | Yr. | | | |
| | | | | | <input type="checkbox"/> Resigned | | |
| | | | | | <input type="checkbox"/> Laid Off | | |
| | | | | | <input type="checkbox"/> Terminated | | |
| | Your Title: | | | | Name/Title of Supervisor: | | |
| Telephone: | | | | | | | |
| | Describe the work you did: | | | | | | |

| | | | | | | | |
|--|----------------------------|-----|-----|-----|-------------------------------------|--------------------|--|
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| | Mo. | Yr. | Mo. | Yr. | | | |
| | | | | | <input type="checkbox"/> Resigned | | |
| | | | | | <input type="checkbox"/> Laid Off | | |
| | | | | | <input type="checkbox"/> Terminated | | |
| | Your Title: | | | | Name/Title of Supervisor: | | |
| Telephone: | | | | | | | |
| | Describe the work you did: | | | | | | |

| | | | | | | | |
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| | | | | | <input type="checkbox"/> Resigned | | |
| | | | | | <input type="checkbox"/> Laid Off | | |
| | | | | | <input type="checkbox"/> Terminated | | |
| | Your Title: | | | | Name/Title of Supervisor: | | |
| Telephone: | | | | | | | |
| | Describe the work you did: | | | | | | |

EDUCATION

| | Name and Address of School | Course of Study | Years Completed | Degree, Diploma or Certificate Earned |
|-----------------------|----------------------------|-----------------|-----------------|---------------------------------------|
| Elementary School | | | | |
| High School | | | | |
| Undergraduate College | | | | |
| Graduate Professional | | | | |
| Other (Specify) | | | | |

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with the City of Wyoming

REFERENCES

Provide the following information for three individuals who are not related to you and who are not previous employers or supervisors.

| Name & Occupation | Address | Phone Number | Years Known |
|-------------------|---------|--------------|-------------|
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APPLICANT'S STATEMENT

The information provided in the Application for Employment is true and complete. The City of Wyoming may terminate my employment for any false or misleading statements or omissions in this application or during the interview and hiring process, whenever they may be discovered.

I have read and understand the attached acknowledgements, authorizations, and disclosures. I understand that this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

If I receive an offer of employment, I authorize a medical examination by an examiner selected by the City of Wyoming, and will authorize the disclosure of and make available to the City of Wyoming all medical and/or psychiatric treatment and/or consultations, including records held by any hospital, clinic, private practitioner, or the United States Veteran's Administration. I understand that any offer of employment may be contingent upon such medical examination.

If I receive an offer of employment, I authorize the administration of a drug and alcohol screen by an examiner chosen by the City of Wyoming. I further understand that any job offer is contingent upon passing the drug and alcohol test.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, with or without notice, by either me or the City of Wyoming. I understand that this cannot be changed except in writing signed by the City Manager of the City of Wyoming that states it is intended to make that change. Anything said or implied to the contrary is not binding on the City of Wyoming.

I understand that, if hired, I may be required to work varied hours, overtime, weekends, and holidays to meet staffing requirements. I agree that, if hired, I will be required to abide by all rules, regulations, and policies of the City of Wyoming.

FOR POLICE OFFICER POSITIONS: A prior felony conviction precludes you from eligibility for employment as a Police Officer with the City of Wyoming.

Signature of Applicant

Date

If Applicant is under the age of 18, a Parent or Legal Guardian must sign:

Signature of Parent or Legal Guardian

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewer(s): _____ Date: _____

Employed: Yes No Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

Approved By: _____ Date: _____