

Application For Employment

City of New Philadelphia
150 East High Avenue
New Philadelphia, Ohio 44663
(330) 364-4491

A DRUG-FREE WORKPLACE

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

(Please Print)

Position Applied For		Date of Application	
How did you learn about us?			
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Web Site	<input type="checkbox"/> Other _____
Last Name	First Name	Middle Name	
Address	Number Street	City	State Zip code
Telephone Number(s)		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment. Yes No

On what date would you be available for work? Yes No

Are you available to work: Full Time Part Time Shift Work Temporary

Are you currently on "Lay Off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Have you been convicted of a felony within the last 7 years? Conviction will not necessarily disqualify an applicant from employment. Yes No

If yes, please explain _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Elementary School					High School				Undergraduate College / University				Graduate / Professional			
School Name and Location																	
Years Completed	4	5	6	7	8	9	10	11	12	1	2	3	4	1	2	3	4
Diploma / Degree																	
Describe Course of Study																	
Describe any specialized training, apprenticeship, skills and extracurricular activities																	
Describe any honors you have received																	
State additional information that may be helpful in considering your application																	

Do you have a valid Ohio Operator's License? Yes No

Do you have a Commercial Driver's License? Yes No

List professional, trade, business, or civic activities and offices held.
 You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

References

Give your name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____

2. _____

3. _____

Have you ever had any job-related training in the United States military? Yes No

If yes, please describe _____

Are you physically or otherwise unable to perform the duties of the job for which you are applying? Yes No

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, handicap, or other protected status.

1.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

2.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

3.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

4.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number (s)	Hourly Rate/Salary		
	Starting	Final	
Job Title	Supervisor		
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Special Skills and Qualifications

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

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No Interviewer _____ Date _____

Remarks: _____

Employed Yes No Date of Employment ____/____/____

Hourly Rate/
Job Title _____ Salary _____ Department _____

Notes _____

