

Application for Employment

CITY OF MIDDLETOWN One Donham Plaza Middletown, Ohio 45042

Tel: (513) 425-7934 Fax: (513) 425-7929

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

(PLEASE PRINT)

Position applied for _____ Date of application ____/____/____

Referral Source ___Advertisement ___Job Line ___Relative ___Employment Agency
___Walk-in ___Employee ___Friend ___Other

Name of source (if applicable) _____

Do you have any relatives currently employed by the City of Middletown? Yes___ No___ (Must answer)

If yes, who is employee? _____ What is your relationship to employee? _____

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Other Phone # (____) _____

Social Security # _____ E-Mail _____

SEE ATTACHED JOB ANNOUNCEMENT. Please indicate if you qualify, with respect to age, for the position for which you are applying. Yes, I do qualify _____; No, I do not qualify _____.

Have you worked for the City of Middletown before? Yes_____ No_____

Are you legally eligible for employment in the U.S.A.? Yes_____ No_____

(Proof of citizenship or immigration status will be required upon employment.)

Type of employment desired ___Full-Time ___Part-time ___Temporary ___Seasonal ___Educational Co-Op

On what date would you be available for work? _____

MILITARY SERVICE RECORD

Have you served on active duty in the U.S. Armed Forces? ___Yes ___No

Dates of Duty ____/____/____ to ____/____/____
Mo. Yr. Mo. Yr.

Have you served in combat? ___Yes ___No Dates of Duty ____/____/____ to ____/____/____
Mo. Yr. Mo. Yr.

Please attach **copy 4** of Form DD214

Employment History

Provide the following information from your past and current employers, assignments or volunteer activities, starting with the most recent. Explain any gaps in employment in the comments section below.

PRESENT/MOST RECENT EMPLOYER _____ TELEPHONE _____
()

ADDRESS _____

DATES EMPLOYED _____
FROM _____ TO _____

JOB TITLE _____

IMMEDIATE SUPERVISOR AND TITLE _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE YES _____ NO _____ LATER (if selected) _____

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

PREVIOUS EMPLOYER _____ TELEPHONE _____
()

ADDRESS _____

DATES EMPLOYED _____
FROM _____ TO _____

JOB TITLE _____

IMMEDIATE SUPERVISOR AND TITLE _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE YES _____ NO _____ LATER _____

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

PREVIOUS EMPLOYER _____ TELEPHONE _____
()

ADDRESS _____

DATES EMPLOYED _____
FROM _____ TO _____

JOB TITLE _____

IMMEDIATE SUPERVISOR AND TITLE _____

REASON FOR LEAVING _____

MAY WE CONTACT FOR REFERENCE YES _____ NO _____ LATER _____

SUMMARIZE THE TYPE OF WORK PERFORMED AND JOB RESPONSIBILITIES _____

COMMENTS including explanation of any gaps in employment _____

SKILLS AND QUALIFICATIONS - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

1) List last three (3) schools attended, starting with most recent. 2) List number of years completed. 3) Indicate degree or diploma earned, if any. 4) List Major field of study. 5) List Minor field of study (if applicable).

SCHOOL	YEARS COMPLETED	DEGREE DIPLOMA	MAJOR	MINOR

References

List name and telephone number of three business/work references that are not related to you and are not previous supervisors. If not applicable, list three personal references who are not related to you.

NAME	TELEPHONE	YEARS KNOWN
	()	
	()	
	()	

Additional information

List professional, trade, business, or civic associations and any offices held.

Exclude memberships which would reveal race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, or any other legally protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

Exclude memberships which would reveal race, color, religion, sex, national origin, age, disability, marital status, sexual orientation, gender identity, or any other legally protected status.

List any additional information that you would like for us to consider.

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify the facts set forth in the Application for Employment are true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application shall be considered sufficient cause for dismissal. The City of Middletown is hereby authorized to make any investigation of the information provided in this application.

I understand that, if employed, I may be required to work additional or less hours at other than my current assignment as the needs of the organization require, and that my employment is subject to complying with those rules, regulations, and conditions as established by management.

I understand that a physical examination, including drug screening, may be required for some positions and may be required during my employment to assure my physical ability to perform the essential job duties associated with my job. The cost of such an examination will be borne by the City.

I agree to conform to all existing and future policies and procedures of the City of Middletown, and that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I understand that the Policy and Procedures Manual is available to me to read.

I understand that if I am employed I must provide, by my first day of employment, appropriate documentation of my eligibility to work in the United States, in compliance with the Immigration Reform and Control Act. I also understand that if I fail to provide the documentation required by this law by my first day of employment, I will not be allowed to begin work, and the offer of employment may be rescinded.

I understand that no employee is authorized to offer me employment, promise me salary increases, change of position, advancement, or any other advantages except those officially announced by the City of Middletown.

Applicant's Signature _____

Date ____/____/____

Equal Employment Opportunity Voluntary Information

**CITY OF MIDDLETOWN
ONE DONHAM PLAZA
MIDDLETOWN, OHIO 45042**

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

In complying with the provisions of Federal Anti-Discrimination Laws, the City of Middletown seeks qualified applicants regardless of race, age, color, sex, religion, disability national origin, marital status, veteran status, sexual orientation, or other legally protected status.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations, which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

This survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____ Date ____/____/____

Referral Source

Advertisement Job Line Relative Employment Agency
 Walk-in Employee Friend Other

Name of source (if applicable) _____

Applicant Information

Name _____
LAST FIRST MIDDLE

Address _____
STREET CITY STATE ZIP CODE

Telephone # (____) _____ Mobile/Other Phone # (____) _____

E-Mail _____

MALE _____ FEMALE _____

Please check one of the following Equal Employment Opportunity categories as applicable:

Hispanic or Latino _____ White _____ American Indian or Alaska Native _____ Asian _____

Black or African American _____ Native Hawaiian or Other Pacific Islander _____ Two or More Races _____