

# Application for Employment

CITY OF MIDDLETOWN One Donham Plaza Middletown, Ohio 45042

Tel: (513) 425-7934

24-Hour Job Line (513) 425-1822

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.

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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

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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

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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

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**COMMENTS** including explanation of any gaps in employment \_\_\_\_\_

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**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 sex, race, religion, national origin, age, color, disability or any other similarly protected status.

ORGANIZATION	OFFICES HELD

List special accomplishments, publications, awards, etc.

Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.

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

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## 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 hereby authorize the City of Middletown to investigate my personal history and financial and credit record through any investigative or credit agency of its choice. I further understand that the City of Middletown intends to use this information for employment purposes only and will keep it confidential.

I hereby authorize any reference, school, former employer or other person to disclose to the City of Middletown upon request any and all records, documents, or other information that they may possess and I release them all from liability for disclosing such information to the City of Middletown. This authorization shall remain in effect for a period of ninety (90) days from the date below.

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 before I am employed.

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 \_\_\_\_/\_\_\_\_/\_\_\_\_

# Affirmative Action/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 \_\_\_\_\_

Vietnam Era Veteran \_\_\_\_\_ Veteran other than Vietnam Era \_\_\_\_\_

Do you have a disability? Yes \_\_\_\_\_ No \_\_\_\_\_