



APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY)

POSITION APPLIED FOR:		DEPARTMENT/DIVISION	
TYPE OF WORK APPLIED FOR: <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SUMMER ONLY			
LAST NAME:		FIRST NAME:	MIDDLE INITIAL:
STREET ADDRESS:			
CITY:		STATE:	ZIP CODE:
PHONE: HOME:	CELL PHONE:	E-MAIL ADDRESS:	
PROVIDE ANY ADDRESS YOU'VE HAD OVER THE LAST 5 YEARS, IF DIFFERENT THAN CURRENT ADDRESS:			
IF POSITION APPLIED FOR REQUIRES A SPECIAL LICENSE OR CERTIFICATE, DO YOU HAVE SUCH A VALID LICENSE OR CERTIFICATE? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PLEASE ATTACH PHOTOCOPY.			
IF POSITION APPLIED FOR REQUIRES A VALID OHIO DRIVER'S LICENSE OR COMMERCIAL DRIVERS LICENSE, DO YOU HAVE ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, PLEASE SUBMIT THE FOLLOWING:			
LICENSE NO.:	DATE ISSUED:	EXPIRATION DATE:	
IF NO, ARE YOU WILLING TO OBTAIN ONE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED IN THE LAST FIVE (5) YEARS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF WORK SCHEDULE REQUIRES: WILL YOU WORK WEEKENDS? <input type="checkbox"/> YES <input type="checkbox"/> NO WILL YOU WORK OVERTIME? <input type="checkbox"/> YES <input type="checkbox"/> NO WILL YOU WORK SHIFT WORK? <input type="checkbox"/> YES <input type="checkbox"/> NO			
ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS THE JOB YOU ARE APPLYING FOR? WITH OR WITHOUT ACCOMODATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER WORKED FOR THE CITY OF PAINESVILLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
DO YOU HAVE ANY RELATIVES WHO WORK FOR THE CITY OF PAINESVILLE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
IF YES, GIVE NAME:			
POST-OFFER/PRE-START TESTING MAY BE A CONDITION OF EMPLOYMENT (PHYSICAL, DRUG/ALCOHOL SCREENS, ETC.). CHECK YES TO CONFIRM UNDERSTANDING. <input type="checkbox"/> YES <input type="checkbox"/> NO			

A DRUG & ALCOHOL – FREE EMPLOYER

Education

NAME AND ADDRESS OF LAST SCHOOL, COLLEGE OR UNIVERSITY ATTENDED ONLY*	HIGH SCHOOL	COLLEGE/ UNIVERSITY	GRADUATE/ PROFESSIONAL
YEARS COMPLETED: (circle)	9 10 11 12	1 2 3 4	1 2 3 4
DIPLOMA / DEGREE			
DESCRIBE COURSE OF STUDY:			
DESCRIBE SPECIALIZED TRAINING, APPRENTICESHIP, SKILLS, AND EXTRA-CURRICULAR ACTIVITIES			

* NOTE: DO NOT NAME ANY SCHOOL, COLLEGE OR UNIVERSITY WHICH WOULD INDICATE YOUR NATIONALITY OR RELIGIOUS AFFILIATION. COMPLETE REST OF FORM.

HONORS RECEIVED:

PROFESSIONAL ACTIVITIES AND OFFICES:

List professional, trade, business or civic activities and offices held. (Exclude those which indicate race, color, religion, sex, national origin, handicap, age, or ancestry).

COMPUTER EXPERIENCE:

OFFICE EQUIPMENT YOU ARE SKILLED OPERATING:

PROFESSIONAL REFERENCES:

(Excluding former employers, relatives or current City employees)

NAME	ADDRESS	PHONE NO.
1. _____		
2. _____		
3. _____		

Employment Experience

Start with your present or last job. You may include service in the United States Armed Forces when you believe such service will help to qualify you for the job for which you are applying.

1	EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	ADDRESS		FROM	TO	
	JOB TITLE		HOURLY RATE / SALARY		
	SUPERVISOR		STARTING	FINAL	
	REASON FOR LEAVING				
2	EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	ADDRESS		FROM	TO	
	JOB TITLE		HOURLY RATE / SALARY		
	SUPERVISOR		STARTING	FINAL	
	REASON FOR LEAVING				
3	EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	ADDRESS		FROM	TO	
	JOB TITLE		HOURLY RATE / SALARY		
	SUPERVISOR		STARTING	FINAL	
	REASON FOR LEAVING				
4	EMPLOYER	TELEPHONE ()	DATES EMPLOYED		WORK PERFORMED
	ADDRESS		FROM	TO	
	JOB TITLE		HOURLY RATE / SALARY		
	SUPERVISOR		STARTING	FINAL	
	REASON FOR LEAVING				

SPECIAL SKILLS AND QUALIFICATIONS – NOT ADDRESSED ELSEWHERE.

EMERGENCY INFORMATION

In the space provided below, list the name and address of ONE PERSON who will always know your whereabouts. This information is to be used in case of an emergency.

NAME _____ TELEPHONE _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

Why do you want to work for the City of Painesville?

APPLICANTS STATEMENT AND INFORMATION RELEASE

Please read, then sign below. Application will not be accepted if signature is omitted.

I hereby declare that the facts set forth in my application for employment are true and complete. I understand that if employed, any false statement, misstatement or omission of fact given in my application or interview(s) shall be considered sufficient cause for dismissal.

I also understand that if employed, I am required to abide by all rules and regulations of the City of Painesville.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that this application is not, and is not intended to be, a contract of employment.

INFORMATION RELEASE – I hereby waive all provisions of law forbidding the release of Educational, Employment and Medical information. I hereby authorize schools, colleges, or universities which I attended, my physician or other person(s) who have attended or examined me or who may hereafter attend or examine me, and former employers, to release such information to the City of Painesville. A photocopy of my signature shall be as valid as the original, for this purpose.

Signature of Applicant _____ Date _____

THE CITY OF PAINESVILLE, OHIO, IS AN EQUAL OPPORTUNITY EMPLOYER, AND DOES NOT DISCRIMINATE AGAINST ANY INDIVIDUAL, EMPLOYEE, OR APPLICANT FOR EMPLOYMENT BECAUSE OF RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, DISABILITY, AGE OR ANCESTRY, IN THE PROVISION OR ACCESSIBILITY OF PROGRAMS AND SERVICES, OR IN EMPLOYMENT PRACTICES.