



# 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? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>			
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? <span style="float: right;"><input type="checkbox"/> YES    <input type="checkbox"/> NO</span>			
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\***

# 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.

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

## SPECIAL SKILLS AND QUALIFICATIONS – NOT ADDRESSED ELSEWHERE.

---



---



---



---



---



---



---



---

# 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
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. _____		





**AFFIRMATIVE ACTION APPLICANT DATA  
(COMPLETION OF THIS INFORMATION IS VOLUNTARY)**

Applicants and employees are considered for employment in all positions without regard to race, sex, ethnic origin, age, religion, handicapped status, Vietnam era veteran and/or disabled veteran status.

To help us comply with government-record keeping, reporting and other legal requirements, please complete this affirmative action applicant data form.

The City of Painesville has instituted safeguards to ensure the complete confidentiality of this information and it will be kept in a **CONFIDENTIAL FILE** separate from the employment application. If you do not wish to provide the information, please check the appropriate line below. Such a decision will not affect the status of your application for employment. Thank you for your cooperation.

**PLEASE PRINT**

**Position applied for:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Race:** \_\_\_\_\_ American Indian/Alaskan Native

\_\_\_\_\_ Asian, Pacific Islander or Philippine

\_\_\_\_\_ Black or African American

\_\_\_\_\_ Hispanic, Chicanos or Spanish-speaking American

\_\_\_\_\_ White or Caucasian

**Sex:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_ Other

**Disabled:** \_\_\_\_\_ Yes \_\_\_\_\_ No

**Vietnam Era Veteran:** \_\_\_\_\_ Yes \_\_\_\_\_ No

\_\_\_\_\_ **I decline to provide the information requested**