

CITY OF CLINTONVILLE

EMPLOYMENT APPLICATION

The City of Clintonville is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the City of Clintonville to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, the City of Clintonville intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

PLEASE PRINT PLAINLY—BE SURE TO SIGN THIS APPLICATION

Date:		Social Security No.:				
Name:						
Last		First			М	iddle
Address						
No.	Street		City	State	Zi	р
Home Phone:		_	Cell Phone: _			
Have you been previously	employed by the C	City of Cl	intonville?	Yes 🗆	l No	
If yes, when?	I	n what ca	pacity?			
Have you ever applied here	e before? 🛛 Yes	🗖 No	If yes, when	n?		
Who referred you to the Ci Other	•				Employment	nt Agency
	EMPL	OYMEN	IT DESIRED			
Position(s) applied for					□ Full time	□ Part time
If part time, what days and	hours are you ava	ilable? _				
Date available to start			Salary requ	irement _		
	PI	ERSONA	L DATA			
Are you a United States ci U.S.?	tizen or do you ha	ve an en	try permit whi	ch allows	you to lawful	ly work in the
Have you ever been convi employment) If yes, explain				iction will no	ot necessarily dis	qualify you from
		MILIT	ARY			
Branch	What were yo	our duties	i			
Dates in the Service		Did y	ou receive any	specialize	ed training?	Yes 🛛 No
If yes, describe						



EDUCATION

	Name and Location of <u>School</u>	No./Years Completed	Did you <u>Graduate</u>	Course of <u>Study</u>	Degree
High School _					
College _					
Other					
List any specia	l skills or qualifications v	which you feel a	re relevant to	the job for which	ı you are applying:

EMPLOYMENT HISTORY

Please give accurate and complete inform	mation. Start with present or most recen	nt empl	oyer:	
May we communicate with your present	employer? 🗆 Yes 🛛 No			
Company Name	Telephone No			
Address	Employed from	/	to	/
Name of Supervisor	Hourly Pay: Start		Last	
Position and Responsibilities				
Reason for Leaving		· · · · · · · · · · · · · · · · · · ·		
Company Name	Telephone No			
Address	Employed from	/	to	/
Name of Supervisor	Hourly Pay: Start	Last		
Position and Responsibilities				
Reason for Leaving				
Company Name	Telephone No			
Address	Employed from	/	to	/
Name of Supervisor	Hourly Pay: Start	_Last		
Position and Responsibilities				
Reason for Leaving				



CITY OF CLINTONVILLE

Company Name	Telephone No		
Address	Employed from	/to	/
Name of Supervisor	Hourly Pay: Start	Last	
Position and Responsibilities			
Reason for Leaving			
Company Name	Telephone No		
Address	Employed from	/to	/
Name of Supervisor	Hourly Pay: Start	Last	
Position and Responsibilities			
Reason for Leaving			

Please read the following statements carefully before you sign your name.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the City of Clintonville. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement. (Please initial here).

I further understand that no representative of the City of Clintonville has the authority to enter into any agreement for employment for any specified period of time and that the City of Clintonville is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by the City of Clintonville, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here).

If employed, I agree to abide by all of the work and safety rules of the City of Clintonville. I understand that the City of Clintonville is committed to maintaining a drug-free workplace. I am aware that the City of Clintonville may require a drug test as a part of the hiring process. Also, if employed, I realize that the City of Clintonville conducts post-accident and/or reasonable suspicion drug and alcohol testing of its employees. I have read, understand and agree to the above statement. (Please initial here).

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with the City of Clintonville, it will be necessary for me to complete a new application form.

SIGN HERE DATE