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	Firs	st		Middle	
Address				·	
No.	Street	City	State	Zip	
Home Phone:		Cell Phone:			
Have you been previously	employed by the City of	Clintonville? [☐ Yes ☐ No		
If yes, when?	In what	capacity?			
Have you ever applied her	re before? 🗆 Yes 🗆 N	o If yes, whe	n?		
Who referred you to the C ☐ Other				nployment Agency	
	<u>EMPLOYM</u>	ENT DESIRED			
Position(s) applied for			□ F	ull time	
If part time, what days and	l hours are you available?				
Date available to start		Salary req	uirement		
	<u>PERSON</u>	IAL DATA			
Are you a United States c U.S.? ☐ Yes ☐ No	itizen or do you have an e	entry permit wh	ich allows you to	lawfully work in the	
Have you ever been convemployment) If yes, explain	·			ssarily disqualify you from	
	MIL	<u>ITARY</u>			
Branch					
Dates in the Service	•				
If yes, describe					



EDUCATION

	Name and Location of School	No./Years Completed	Did you Graduate	Course of Study	<u>Degree</u>	
High School _						
College _						
Other _						
List any speci	al skills or qualificat	ions which you feel	are relevant to	the job for wh	nich you are	applying:
		EMPLOYMEN	T HISTORY			
Please give ac	curate and complete	information. Start v	with present or	r most recent ei	mployer:	
May we comm	nunicate with your p	resent employer? \Box	Yes 🛚 No			
Company Nar	NameTelephone No					
Address			Employ	ed from	/to	/
Name of Supe	ervisor		Hourly Pay: S	tart	Last	
Position and F	Responsibilities					
Reason for Le	eaving					
Company Nar	ne	Telephone No				
Address		Employed from/to/_				/
Name of Supe	ervisor		Hourly Pay: S	tart	Last	
Position and F	Responsibilities					
Reason for Le	eaving					
Company Nar	me		Teleph	none No		
Address			Employ	ed from	/to	/
Name of Supe	ervisor		Hourly Pay: S	tart	Last	
Position and F	Responsibilities					
Reason for Le	eaving					

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 carefull "I HEREBY CERTIFY that the answers give hereby authorize you to contact references, peany other sources of information which may be that any misrepresentation, false statement, rejection of my application or for dismissa Clintonville. This includes furnishing a false above statement. (Please initial here).	en by me to the above questions and staten ast or present employers, persons, schools, le be relevant to my application for employment or omissions by me in this Application at any time during my employment, with name or social security number. I have rea	aw enforcement and the sufficient that I is understoom will be sufficient thout liability to	agencies and d and agreed t reason for the City of
I further understand that no representative of for employment for any specified period of for anyone. No employment contract is creamy employment will be at will and may be tagree to the above statement. (Please initial	time and that the City of Clintonville is rated by virtue of my being hired by the City terminated at any time without prior notice	not guaranteeing of Clintonville,	employment and, if hired,
If employed, I agree to abide by all of the City of Clintonville is committed to mainta may require a drug test as a part of the hir conducts post-accident and/or reasonable understand and agree to the above statement	nining a drug-free workplace. I am aware ring process. Also, if employed, I realize suspicion drug and alcohol testing of it	that the City of that the City of	Clintonville Clintonville
I understand that this application will remainterested in a position with the City of Clint			
SIGN HERE	DATE		