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**CITY OF VERMILION**

**5511 Liberty Avenue**

**Vermilion, Ohio 44089**

**(440) 204-2400**

**APPLICATION FOR EMPLOYMENT**

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| *CITY OF VERMILION is an* ***Equal Opportunity Employer*** *and complies with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, military status, disability or any other protected basis.* |

Please print all answers. INFORMATION MUST BE TYPED OR FILLED OUT IN INK. This application will not be considered unless fully completed and signed.

**PERSONAL INFORMATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name (Last Name, First Name, Middle Initial) | | | Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Date you can start: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Current Home Address: Street City, State, Zip Code | | | |
| How long at current address? | | Email Address: | |
| If less than 5 years at this address, provide all addresses for past five years:  Street City, State, Zip Code | | | |
| Telephone Number: | Are you at least 18 years of age? 🞏 Yes 🞏 No  If No, state your age: \_\_\_\_\_\_\_\_\_. (Employment may be subject to minimum legal age verification.) | | |
| Have you ever worked or applied for work with the City of Vermillion before? 🞏 Yes 🞏 No | | | |
| If yes, provide details, including original date of employment and reason for leaving. | | | |
|  | | | |
| Can you, upon employment submit documented verification of your legal right to work in the United States and documentation verifying your identity? 🞏 Yes 🞏 No  Only U.S. citizens or individuals lawfully authorized to work in the United States are eligible for employment. | | | |
| How did you learn of this position? | | | |

**EMPLOYMENT INTERESTS/ SKILLS**

|  |  |
| --- | --- |
| Position for which you are applying (Please be specific) | Date available for work:  Full Time 🞏 Regular 🞏  Part Time 🞏 Temporary 🞏 |
| Are there any hours, shifts or days you cannot or will not work? 🞏 Yes 🞏 No  If yes, indicate the hours, shifts or days you cannot or will not work: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Will you work overtime if required? 🞏 Yes 🞏 No | |
| Certain postions within the City may require use of a car or other motor vehicle. **Answer the following questions only if use of a vehicle is required in the job for which you are applying**.  Yes No   1. Do you have or can you get a valid driver’s license? 🞏 🞏 2. Do you have access to a car or other motorized vehicle? 🞏 🞏 3. Do you have or can you get liability insurance on such a vehicle? 🞏 🞏   Your driving record will be checked if you are required to drive as part of your job | |

**SPECIALIZED SKILLS**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Are there any special skills or qualifications that you have that would benefit the City with your employment? (*Examples:* Valid driver’s license, CDL, skilled trades [plumber, carpenter, electrician], computer skills)  Other specialized skills or information you feel pertinent to the job for which you are applying (trades) : | | | | | |
| **EDUCATION** | | | | | |
| SCHOOL | NAME | LOCATION | **LAST GRADE COMPLETED** | **DIPLOMA/DEGREE** | **COURSE/MAJOR** |
| Elementary |  |  |  |  |  |
| High School |  |  |  |  |  |
| College |  |  |  |  |  |
| Other  (Vocational or other training) |  |  |  |  |  |

|  |  |
| --- | --- |
| EMPLOYMENT HISTORY [1 of 2] | |
| Please list ALL JOBS since high school, beginning with your present or last employer. A following section asks questions about periods of employment. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form. | |
| EMPLOYER: PHONE: | Position |
| Address City, State, Zip | Supervisor’s Name |
| Duties | Starting Salary/Wages |
|  | Final Salary/Wages |
| Reason for leaving | From To |
|  |  |
| EMPLOYER: PHONE: | Position |
| Address City, State, Zip | Supervisor’s Name |
| Duties | Starting Salary/Wages |
|  | Final Salary/Wages |
| Reason for leaving | From To |
|  |  |
| EMPLOYER: PHONE: | Position |
| Address City, State, Zip | Supervisor’s Name |
| Duties | Starting Salary/Wages |
|  | Final Salary/Wages |
| Reason for leaving | From To |
|  |  |
| EMPLOYER: PHONE: | Position |
| Address City, State, Zip | Supervisor’s Name |
| Duties | Starting Salary/Wages |
|  | Final Salary/Wages |
| Reason for leaving | From To |

|  |  |
| --- | --- |
| EMPLOYMENT HISTORY [2 of 2] | |
| Please list ALL JOBS since high school, beginning with your present or last employer. A following section asks questions about periods of employment. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form. | |
| EMPLOYER: PHONE: | Position |
| Address City, State, Zip | Supervisor’s Name |
| Duties | Starting Salary/Wages |
|  | Final Salary/Wages |
| Reason for leaving | From To |
|  |  |
| EMPLOYER: PHONE: | Position |
| Address City, State, Zip | Supervisor’s Name |
| Duties | Starting Salary/Wages |
|  | Final Salary/Wages |
| Reason for leaving | From To |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| MILITARY | | | | |
| Branch of Service | From | To | Rank & Duties | Date Discharged |
|  |  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Type of job in Military:  Type of discharge: Honorable\_\_ Dishonorable\_\_ Other\_\_\_\_ Explain:  List any Medals, honors or awards you have received: ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT | | | |
| May we contact your present employer? 🞏 Yes 🞏 No  May we contact your previous employer? 🞏 Yes 🞏 No | | | |
| Please explain any exceptions and reasons for not contacting. | | | |
| In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used? 🞏 Yes 🞏 No  If “yes”, identify name(s) and relevant dates. | | | |
| Have you ever been discharged or asked to resign from any employment? 🞏 Yes 🞏 No  If “yes”, please explain. | | | |
| Have you ever experienced any periods of unemployment since High School? 🞏 Yes 🞏 No  If yes, please provide dates and what you were doing during that time. | | | |
| Will you be able to meet the attendance requirements of the job you are applying for? 🞏 Yes 🞏 No  If no, please explain. | | | |
| Are you related by blood or marriage to any current City employee or elected official? 🞏 Yes 🞏 No  Do you cohabitate with any current City employee or elected official? 🞏 Yes 🞏 No  If yes, please identify the name of the employee or elected official. | | | |
|  | | | |
| PERSONAL REFERENCES – Please list three references *who are not relatives or elected officials*. | | | |
| NAME | ADDRESS | YEARS KNOWN | TELEPHONE |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**FOR APPLICANTS UNDER THE AGE OF EIGHTEEN (18) YEARS ONLY**

I am aware that my son/daughter has submitted an employment application with the City of Vermillion and

verify that he/she is currently \_\_\_\_\_\_\_\_\_\_ years of age.

insert age

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Print name of Parent or Legal Guardian

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address, City, State, Zip Code

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number (s)

###### APPLICANT STATEMENT

I understand that the information provided on this application (and accompanying resume, if any) must be true and complete to the best of my knowledge. I also understand that any false information or omission may disqualify me from further consideration of employment and may result in my dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and relevant activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

If an employment relationship is established, I understand that I must comply with City policies, rules and procedures as are implemented from time to time and that the City may add to, delete or revise these policies, rules and procedures at any time. I also understand that any period of employment is not for a specific duration.

My signature below certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Applicant Date

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| --- |
| NOTICE: This application is considered active for sixty (60) days from the above date. For further consideration after this date, a new application must be submitted. |
| Interviewed by: Date: |
| This space for Human Resource Department Use Only: |

**NOTES**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**