

APPLICATION FOR EMPLOYMENT



Important: It is the policy of the City of Willard to provide equal opportunity with regard to all terms and conditions of employment. The City complies with federal and state laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, or any other protected characteristic.

OFFICE USE	
Date Application Turned In:	_____
Receipt No.	_____
Test Score:	_____

Date of application: _____

Name: _____
Print legibly

Home phone: _____

Street Address: _____

Cell phone: _____

City/State/Zip _____

Email Address: _____

Position(s) applied for; be specific: _____

Expected salary range or hourly rate of pay: _____

Date available for work: _____

Have you ever been employed here before: _____

If yes, when: _____

If you are under 18 years old, can you provide a work permit if required? _____

If hired, can you provide the documents required to prove that you are authorized to work in the U.S.? _____
(*birth certificate, social security card, driver's license and/or passport)

City ordinances require employees to live inside Huron County or one of the abutting counties within six months of hire. Will you relocate if required? _____

Will you travel if required? _____ Will you work overtime if required? _____

Do you have a driver's license? ___ Yes ___ No Driver's License Number _____

State of Issue _____ Check all that apply: _____ Operator _____ Commercial _____ Chauffeur

Expiration Date: _____ Have you had any accidents during the last three years? How many? _____

Have you had any moving violations during the past three years? How many? _____

Employment History

1. Employer _____
Address _____ Phone Number: _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: _____
(mm/yy) (mm/yy) Starting Final
Work performed: _____
Reason for leaving (be specific): _____

2. Employer _____
Address _____ Phone Number: _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: _____
(mm/yy) (mm/yy) Starting Final
Work performed: _____
Reason for leaving (be specific): _____

3. Employer _____
Address _____ Phone Number: _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: _____
(mm/yy) (mm/yy) Starting Final
Work performed: _____
Reason for leaving (be specific): _____

4. Employer _____
Address _____ Phone Number: _____
Job Title _____ Supervisor _____
Dates Employed: from _____ to _____ Hourly rate/salary: _____
(mm/yy) (mm/yy) Starting Final
Work performed: _____
Reason for leaving (be specific): _____

Have you ever been fired or asked to resign from a job? _____

Educational Background

*if more space is needed, please attach additional sheets

High School:

Name of school _____ Location: _____

Course of study: _____ Did you graduate? ___ Degree or diploma? ___ Years completed: ___

College:

Name of school _____ Location: _____

Course of study: _____ Did you graduate? ___ Degree or diploma? ___ Years completed: ___

Graduate School:

Name of school _____ Location: _____

Course of study: _____ Did you graduate? ___ Degree or diploma? ___ Years completed: ___

Vocational Training:

Name of school _____ Location: _____

Course of study: _____ Did you graduate? ___ Degree or diploma? ___ Years completed: ___

Continuing Education:

Skills and Training

List any special training, skills, licenses and/or certificates that may assist you in performing the position for which you are applying:

* Please attach any certificates, licenses, proof of training, or diplomas, etc., that you wish to have considered. All applications for permanent part-time (not seasonal) and full-time positions must be accompanied by a high school or GED diploma.

References

List names and telephone numbers of three business/work references who are NOT related to you and are NOT previous supervisors. If not applicable, list three school or personal references who are NOT related to you.

NAME	TITLE	RELATIONSHIP TO YOU	TELEPHONE	E-MAIL	YEARS KNOWN

MILITARY

Have you ever been a member of the armed forces? _____ Yes _____ No Discharge Date: _____

Are you now a member of the National Guard? _____ Yes _____ No Discharge Date: _____

Codified Ordinance 167.11 states: "Preference in entrance examinations but not in promotional examinations shall be granted to qualified persons who have been members of the armed forces of the United States in time of war or national emergency and who seek to enter the service of the City within five years immediately following their honorable discharge from the military service. Such preference shall be in the form of points added to the final grade of any such applicant, provided that he or she first obtains a passing grade of at least seventy percent...." If this applies to you, your DD-214 must be attached to this application.

Applicant Statement and Waiver

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the City of Willard, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the City of Willard, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this application remains active for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it may be necessary for me to reapply and fill out a new application.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the City of Willard's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the City of Willard.

I further understand and acknowledge that the City of Willard is a Drug Free Workplace, and as such all potential employees will be required to undergo pre-employment drug testing. I further understand and acknowledge that certain positions in the City of Willard due to their safety nature, are required to undergo random drug and alcohol screening throughout their employment.

Applicant's Signature _____

Date _____