



City of Perrysburg

APPLICATION FOR EMPLOYMENT

Federal and State laws prohibit discrimination on the basis of race, sex, creed, color, religion, national origin, age, handicap or veteran status. The City of Perrysburg, Ohio, is an equal opportunity employer - male/female, handicap.

This application form must be completed in its entirety to be considered for employment. Applications will be kept on active file for 30 days. New applications must be completed for each position for which you are applying.

Due to the public records laws in Ohio, the identity of applicants and application materials cannot be considered to be confidential.

1. Today's Date _____

2. Position Applying For _____

3. Name _____
Last First Middle

4. Address _____
Street City State Zip

5. How long have you lived at this address? _____

6. Telephone No. _____ Alternate Telephone No. _____

7. Email _____ 8. Best way to contact you _____

9. Have you ever been employed by The City of Perrysburg, Ohio, before? _____
Yes No

If so, give dates of employment and position(s) held. _____

Are any of your relatives employed by The City of Perrysburg, Ohio? If so, state name and relationship. _____

10. What Special Qualifications do you have for this position? (Attach additional sheet if necessary) _____

11. Who referred you to us? _____

12. Earliest date you are available to work if hired? _____

13. Have you ever been convicted of or forfeited bond for violation of any Federal, State or local law related in any way to the type of job for which you are applying? _____
Yes No

If so, explain _____

14. Are you under 18 years of age? If so, give birth date _____

15. Minimum Salary Required _____

16. EDUCATION

SCHOOLS	NAME AND ADDRESS	DIPLOMA (Y or N) DEGREE/MAJOR	IF NO DIPLOMA, NO. of YEARS or CREDIT HOURS COMPLETED
HIGH			
COLLEGE			
OTHER			

17. LIST AT LEAST FOUR BUSINESS AND/OR CHARACTER REFERENCES. (DO NOT INCLUDE RELATIVES OR SUPERVISORS LISTED UNDER SECTION 19 EMPLOYMENT HISTORY).

NAME	ADDRESS, CITY, STATE, ZIP	PHONE NO.	BUSINESS/OCCUPATION

18. Are you legally eligible to work in the United States? Yes _____ No _____

Applicable federal immigration laws require all job applicants to provide verification of authorization to work in the U.S.A. before they can be hired; and, if hired, thereafter where necessary to demonstrate continued compliance with the immigration laws.

19. SHOW BELOW A CONTINUOUS EMPLOYMENT RECORD FOR THE PAST TEN YEARS, GIVE MOST RECENT EMPLOYMENT FIRST, INDICATE ANY PERIOD OF UNEMPLOYMENT OR SELF-EMPLOYMENT, INCLUDE MILITARY SERVICE, IF ANY.

Name	From (Mo/Yr)	To (Mo/Yr)	Type of Business
Address	Position and Duties		
City, State Zip	Supervisor's Name and Title	No. of Hours Worked Per Week	Salary
(Area Code) Phone No.	Reason For Leaving		
Permission to contact this company/supervisor for a reference		Yes	No
If no, please explain _____			

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Permission to contact this company/supervisor for a reference		Yes	No
If no, please explain _____			

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Permission to contact this company/supervisor for a reference		Yes	No
If no, please explain _____			

If additional job listings are necessary, attach additional sheet.

20. Have you ever been disciplined or discharged by any prior employer? _____
 Yes No
 If yes, explain _____

IMPORTANT - READ CAREFULLY BEFORE SIGNING THIS APPLICATION

Please check your application to insure that you have completely and accurately answered every question. Your application is contingent upon your agreement to the following statement. Your signature below will indicate that you have read this statement and agree to its terms:

I certify that the information contained in this application is correct to the best of my knowledge and understand that falsification of this information is grounds for rejection of this application, or, if hired, termination from employment.

I authorize the references, listed on pages 2 and 3, to give you any and all information concerning my previous employment or any pertinent information they have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing such information to The City of Perrysburg, Ohio.

If hired, and in consideration thereof, I understand and agree to conform to the job requirements and rules of which The City of Perrysburg, Ohio, may advise me, in writing or otherwise, and agree that such requirements and rules may, from time to time, be modified or amended. I agree that, if hired, my employment is for an indefinite period of time and that The City of Perrysburg, Ohio, may change my wages, benefits or working conditions at any time, unless prevented from doing so by an applicable collective bargaining agreement. I accept and understand that, if hired, and as a condition of continued employment, the public needs of The City of Perrysburg, Ohio, may require that I work overtime, shift work, a rotating work schedule, a schedule other than Monday through Friday and/or travel.

I understand and agree that prior to actually beginning work I will be required to take a physical examination and drug test, at the expense of the City, to determine my ability to perform the duties of the job for which I am applying; and that in the future, I may be requested to take physical examinations to determine my ability to perform the duties of the job I am then performing or of such other jobs as may then be applicable.

I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform such job duties to The City of Perrysburg, Ohio, and/or the examining physician. I also understand and agree that prior to employment, or, if hired, as a condition of continued employment, I may be required to subject myself to such testing as may be required by the City.

I further agree and acknowledge that, if hired, my employment and compensation may be terminated at any time, at the option of either The City of Perrysburg, Ohio, or me without liability for wages or benefits except such as may have been earned at the date of such termination or as may be specifically provided by an applicable collective bargaining agreement. I understand that no one, other than the City Council of The City of Perrysburg, Ohio, has any authority to authorize the entering into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing.

I further understand that this is an application for employment and that no offer of employment is being made at this time.

Full Name

Date