

Application for Employment



9301 Chillicothe Road
Kirtland, OH 44094

Equal access to programs, services and employment is available to all persons. Those applicants requiring accommodation to the application and/or interview process should contact a representative of the Personnel Department.

****PLEASE PRINT****

Position(s) applied for _____ Date of Application _____

Name (L/F/M) _____

Address: Street _____ City: _____ State: _____ Zip: _____

Telephone: (____) _____ Social Security Number: _____

If you are under 18, can you furnish a work permit? Yes No

Have you ever been employed here before? Yes No

Are you legally eligible for employment in this country? Yes No

(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work _____

Type of employment desired Full Time Part-Time Temporary Seasonal Educational

Are you able to meet the attendance requirements of the position Yes No

Driver's license number (if job-related) _____ State _____

Employment History

List your four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience.

From:	To:	Employer:	Telephone: ()
Job Title:		Address:	
Immediate Supervisor and title:		Summarize the nature of work performed and job responsibilities:	
Reason for leaving:		Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____	
From:	To:	Employer:	Telephone: ()

Job Title:	Address:
Immediate Supervisor and title:	Summarize the nature of work performed and job responsibilities:
Reason for leaving:	Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____

From:	To:	Employer:	Telephone: ()
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From:	To:	Employer:	Telephone: ()
Job Title:	Address:		
Immediate Supervisor and title:	Summarize the nature of work performed and job responsibilities:		
Reason for leaving:	Hourly Rate/Salary Start \$ _____ Per _____ Final \$ _____ Per _____		

Skills and Qualifications

Summarize any training, skills, licenses, certificates and/or characteristics of yourself that may qualify you as being able to perform job-related functions for the position which you are applying _____

Educational Background (if job-related)

Name and Location	Years Completed	Did You Graduate?		Course of Study
		Major	Degree	
High School				
College				
Other				

References

Name	Telephone	Years Known
	()	
	()	
	()	

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I give the employer the right to investigate all references and to secure additional information about me, if job-related. I hereby release from liability the employer and its representatives for seeking such information, and all other persons, corporations or organizations for furnishing such information.

The employer is an Equal Opportunity Employer. The employer does not discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant's consideration for employment on a basis prohibited by local, state or federal law.

This application is current for only 60 days. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.

I understand that just as I am free to resign at any time, the employer reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of the employer has the authority to make any assurances to the contrary.

I understand it is this company's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA

Signature of Applicant _____ Date _____

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of you official application for employment. It is considered confidential information that will be used in any hiring decision.

Position(s) applied for _____ Date _____

Referral Source

Walk In	Government Employment Agency	Private Employment Agency
Employee	Relative	School
Advertisement-Source		Other

Name of person who referred you (if applicable) _____

Applicant Information

Name (L,F,M) _____ Telephone _____

Address _____

Male Female

Please check one of the following Equal Employment Opportunity Identification Groups:

White	Black (not of Hispanic origin)	Hispanic
American Indian/Alaskan Native	Asian/Pacific Islander	

Special Notice

To Vietnam Era Veterans, disabled Veterans and individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

Vietnam era Veteran (served between 1964-1975) Disabled Veteran

Individual with a disability

CITY OF KIRTLAND

WAIVER OF PERSONAL RECORD AND POLICE RECORD

I,

RESIDING AT:

HAVE APPLIED FOR:

I realize the Kirtland Police Department will be making inquiries of other agencies, including school authorities, prior employers, credit agencies, personal references, and Law Enforcement Agencies with whom I may have an arrest or conviction record, etc., to provide information about me which the Kirtland Police desires. I hereby give my permission and waive all provisions of law forbidding any agency, including school authorities' prior employers, credit agencies, personal references, courts, Sheriffs' Departments, Police departments or other Law Enforcement Agencies including the Ohio Bureau of Identification Investigation, etc. from disclosing any knowledge or information they have concerning me, which is requested or desired by the Kirtland Police Department.

I further consent and request Chief of the Kirtland Police Department or the representative, provided with a copy of any such information record concerning me, which they desire. I recognize the right of the Kirtland Police Department to treat, at its discretion, certain sources as confidential, and its right to withhold from my agent or me the names of such confidential sources, and the information obtained there from.

Signature Of Applicant: _____

Date of Signature: _____