

City of Marietta, Ohio

EMPLOYMENT APPLICATION

AN EQUAL OPPORTUNITY EMPLOYER

It is our policy to comply fully with all federal, state, and local equal employment opportunity laws. This organization provides equal employment and advancement opportunities for all persons regardless of race, creed, sex, national origin, age, religion, disability, marital status, sexual orientation, veteran, military status, or any other classification protected by law.

Employees of this organization are selected in order to accomplish the legal and operational duties established by statute and by the policy choices of the organization's elected officials. Each employee is expected to conduct him/herself in a manner which reflects favorably upon the organization and recognize that our employees are subject to additional scrutiny in their public and personal lives.

PLEASE PRINT IN INK

NAME (As it appears on Social Security Card / Work Permit Card)		LAST		FIRST		MIDDLE INITIAL			
SOCIAL SECURITY NUMBER									
ADDRESS									
CITY, STATE, ZIP									
HOME TELEPHONE		MOBILE PHONE							
DAYTIME TELEPHONE		ARE YOU AT LEAST 18 YEARS OLD?				<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
OTHER NAMES YOU HAVE USED:									
POSITION APPLIED FOR:				SALARY REQUIREMENTS:					
REFERRED FOR THIS POSITION BY:				DATE AVAILABLE:					
HAVE YOU EVER BEEN EMPLOYED BY THIS ORGANIZATION?		<input type="checkbox"/>	NO	<input type="checkbox"/>	YES	WHEN?		DEPARTMENT:	
SUPERVISOR:		REASON FOR LEAVING:							
		IF APPLYING FOR A POSITION WHICH REQUIRES DRIVING A VEHICLE, PLEASE PROVIDE THE FOLLOWING INFORMATION:				CAN YOU, IF HIRED, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES?			
		I HAVE A VALID DRIVER'S LICENSE <input type="checkbox"/> Yes <input type="checkbox"/> No				<input type="checkbox"/> YES <input type="checkbox"/> NO			
		License #		State					

U.S. MILITARY SERVICE

If you have served in the U.S. Military, please provide the following information:

_____ Branch of Service

From: _____ To: _____
Dates Served Type of Discharge

EDUCATION / SKILLS

EDUCATIONAL LEVEL	YEARS			UNITS			DEGREE	MAJOR
	NAME	CITY	STATE	COMPLETED	COMPLETED			
HIGH SCHOOL				9	10	11	12	
COMMUNITY or JUNIOR COLLEGE				1	2			
BUSINESS or TRADE SCHOOL				1	2			
COLLEGE or UNIVERSITY				1	2	3	4	
				1	2	3	4	
				1	2	3	4	
GRADUATE SCHOOL								

COMPUTER SOFTWARE SKILLS

COMPUTER SOFTWARE	Name of Software	Your Proficiency with the Software		
Word Processing		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Spreadsheet		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Database		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar
Other		<input type="checkbox"/> Skilled	<input type="checkbox"/> Competent	<input type="checkbox"/> Familiar

LICENSES / CERTIFICATIONS / ORGANIZATIONS

PROFESSIONAL LICENSES AND CERTIFICATIONS <small>(Job Related)</small>	TYPES OF LICENSES and CERTIFICATES	DATE ISSUED	REGISTRATION NUMBER	STATE	EXPIRES MO / YR

PROFESSIONAL, SCHOLASTIC, and OTHER ORGANIZATIONS <small>(Job Related)</small>	NAME	DATE	NAME	DATE
<small>Exclude memberships that indicate your race, religion, color, national origin, ancestry, sex, age, disability or veteran status</small>				

JOB RELATED TRAINING

NAME OF COURSE	YEAR COMPLETED	NAME OF COURSE	YEAR COMPLETED

EMPLOYMENT HISTORY

THIS PORTION OF THE APPLICATION MUST INCLUDE A MINIMUM OF 10 YEAR WORK HISTORY AND MUST BE COMPLETED EVEN IF SUPPLEMENTED BY A RESUME.

LIST YOUR MOST RECENT EMPLOYER FIRST INCLUDING U.S. MILITARY SERVICE AND UNPAID OR VOLUNTEER WORK.

BASE SALARY DOES NOT INCLUDE OVERTIME, BONUSES OR COMMISSIONS

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

FROM (Mo/Yr) _____ TO (Mo/Yr) _____ TOTAL _____ YRS _____ MOS. YOUR POSITION: _____
EMPLOYER: _____ YOUR SUPERVISOR: _____
ADDRESS: _____ PHONE: _____
TYPE OF BUSINESS _____ REASON FOR LEAVING _____
BASE SALARY _____ / _____ MONTHLY WEEKLY HOURLY OTHER COMPENSATION, BONUSES _____
START FINAL
BRIEF DESCRIPTION OF YOUR DUTIES & RESPONSIBILITIES _____

(ATTACH ADDITIONAL PAGE IF NECESSARY)

EXPLANATION OF INTERRUPTIONS IN EMPLOYMENT HISTORY

Please use this space to explain employment history interruptions since high school that do not pertain to pregnancy, child care, disability or any other protected activity.

FAIR CREDIT REPORTING ACT

Disclosure and Authorization Statement

To: All Applicants For Employment (Please Read Carefully Before Signing Below)

In processing my application for employment, I understand the employer, its representatives, employees, or agents may obtain a consumer report and investigative consumer report for employment purposes concerning my past employment, work habits, education, military record, motor vehicle record, credit background, references, character, general reputation, personal characteristics, mode of living, civil judgements, liens, and information about my criminal conviction background consistent with state and federal law.

I understand that upon written request to the employer, I will be informed whether an investigative consumer report through a consumer reporting agency was requested and I will be given information as to the nature and scope of the investigation and a summary of my rights under the Fair Credit Reporting Act. I understand an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends, associates, or others with whom I am acquainted or who may have knowledge concerning this information.

By signing below, I authorize this employer to obtain a consumer report and an investigative consumer report on me as part of the preemployment background and investigative process. If I am offered employment, I further authorize my employer to obtain additional consumer and investigative consumer reports and updates on me for employment purposes at any time during my employment. A copy of this authorization is as valid as the original.

Name (please print)

Signature

Date Signed

(PLEASE RETURN THIS PAGE WITH YOUR COMPLETED APPLICATION)