

Application for Employment



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

Date of Application _____

Name _____ Home Phone (_____) _____

Cellular/Other Phone (_____) _____ E-mail _____

Address _____

City/State/Zip Code _____

Position applied for _____

Shift preferred: 1 2 3 Any Not Applicable

Expected salary range or hourly rate of pay: _____

Type of work desired: Full-time Part-time Seasonal Temporary

Date available for work: _____

How were you referred to the City of Xenia? _____

Have you ever been employed here before? Yes No If yes, give dates _____

Is this application a request for reemployment following an extended military leave of absence from the City?
Yes No If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the USA? Yes No If Yes, proof is required if hired.

Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)? This question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job’s “essential functions” to respond.

Will you relocate if required? Yes No

Will you travel if required? Yes No

Will you work overtime if required? Yes No

If driving may be required in the job for which you are applying, please provide your driver’s license number.

DL# _____ State _____

Have you ever been bonded? Yes No

Employment Experience

Place an by the employer(s) you *do not* want us to contact. List your most recent employer first.

1. Employer _____

Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone (_____) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

2. Employer _____

Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone (_____) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

3. Employer _____

Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone (_____) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

4. Employer _____

Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone (_____) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

Explain any gaps in employment, other than those due to personal illness, injury or disability.

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain.

Educational Background

High School:

Name of school _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

College:

Name of school _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Graduate School:

Name of school _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Vocational Training – Other:

Name of school _____ Location _____

Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Continuing Education:

Skills and Qualifications

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

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

Word Processing _____ Years: _____ Internet _____ Years: _____
 Spreadsheet _____ Years: _____ Other _____ Years: _____
 Presentation _____ Years: _____ Other _____ Years: _____
 E-mail _____ Years: _____ Other _____ Years: _____

Is there any other job-related information you want us to know about you?

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

Applicant Statement

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 employer, 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 employer, 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.

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'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. I understand that no City representative, other than the applicable Appointing Authority, and then only when in writing and signed by said Appointing Authority, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date _____



CITY OF XENIA, OHIO, 101 N. DETROIT STREET, XENIA, OHIO 45385

AUTHORITY TO RELEASE INFORMATION

I, _____, hereby authorize the City of Xenia, Ohio, to make or cause to be made an investigation attended to my application for employment.

I hereby further authorize any previous employer, individual, company or institution to furnish the City of Xenia, Ohio, any information concerning my employment or relationship, and do hereby release the individual, company or institution involved in furnishing such information from liability or damages resulting there from.

I hereby further authorize any police or law enforcement agency (local, state or federal) to release to the City of Xenia, Ohio, any information in their files which may be releasable by law and I do hereby release the police or law enforcement agency and all individuals concerned therewith, from all liability for any damage whatsoever incurred in furnishing such information.

Date _____ Signature _____

Address _____

Date of Birth _____ SS# _____
(For identification purposes only)

Driver's License Number _____



APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicapped.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(Please print) _____ Date _____

Position(s) applied for _____

- Referral Source:
- Advertisement
 - City Website
 - Friend
 - Relative
 - Walk-In
 - Employment Agency
 - Other

Name _____ Phone (____) _____

Last First Middle Area Code/Number

Address _____

Street City State Zip Code

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information about a handicap is voluntary.

Check One: Male Female

- Check One of the Following:
- White
 - Black or African American
 - Hispanic or Latino
 - Native Hawaiian or Other Pacific Islander
 - Asian
 - American Indian or Alaska Native
 - Two or more races

Check if any of the following are applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Handicapped