

# Application for Employment

**City of Ashland**  
**211 Claremont Avenue**  
**Ashland, OH 44805**  
**(419) 289-3426**

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Division.

PLEASE PRINT

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
LAST FIRST MIDDLE

Address \_\_\_\_\_  
STREET CITY STATE ZIP

Telephone # (\_\_\_\_) \_\_\_\_\_ Mobile/Beeper/Other Phone # (\_\_\_\_) \_\_\_\_\_

E-mail address \_\_\_\_\_ Driver's license number \_\_\_\_\_ State \_\_\_\_\_

If necessary, best time to call you at home is \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup> PM May we contact you at work?  Yes  No

If yes, work number and best time to call: Work # (\_\_\_\_) \_\_\_\_\_ : \_\_\_\_\_ <sup>AM</sup> PM

If you are under 18, and it is required, can you furnish a work permit? .....  Yes  No

If no, please explain \_\_\_\_\_

Have you ever been employed here before? .....  Yes  No

If yes, give dates and positions \_\_\_\_\_

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

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_ What is your desired salary range? \$ \_\_\_\_\_

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

Are you able to meet the physical requirements of the position? .....  Yes  No

Type of employment desired:  Full-Time  Part-Time  Temporary  Seasonal  Educational Co-op

Will you work overtime if required?  Yes  No If no, please explain \_\_\_\_\_

Have you ever been bonded .....  Yes  No

Have you pled "guilty" or "no contest" to, or been convicted of a felony in the past 7 years? .....  Yes  No

If yes, please provide date(s) and details: \_\_\_\_\_

ANSWERING "YES" TO THIS QUESTION DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

AN EQUAL OPPORTUNITY EMPLOYER

## Employment History

PROVIDE THE FOLLOWING INFORMATION OF YOUR PAST AND CURRENT EMPLOYERS, OR WORK RESPONSIBILITIES, STARTING WITH THE MOST RECENT (USE ADDITIONAL SHEETS IF NECESSARY). EXPLAIN ANY GAPS IN EMPLOYMENT IN COMMENTS SECTION BELOW.

FROM	TO	EMPLOYER	TELEPHONE # (    )
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____    FINAL \$ _____ PER _____	
FROM	TO	EMPLOYER	TELEPHONE # (    )
STARTING JOB TITLE/FINAL JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		SUMMARIZE THE NATURE OF WORK PERFORMED AND JOB RESPONSIBILITIES	
MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
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MAY WE CONTACT FOR REFERENCE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
REASON FOR LEAVING		HOURLY RATE/SALARY START \$ _____ PER _____    FINAL \$ _____ PER _____	

**Comments INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

## Skills and Qualifications

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

\_\_\_\_\_  
 \_\_\_\_\_

## Educational Background (if job-related)

Name and Location	Number of Years Completed	Did You Graduate?	Course of Study
HIGH SCHOOL		<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE		<input type="checkbox"/> Yes <input type="checkbox"/> No	
OTHER		<input type="checkbox"/> Yes <input type="checkbox"/> No	

## References

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

Name	Telephone	# of Yrs Known
	(    )	
	(    )	
	(    )	

## Additional Information

List professional, trade, business or civic associations and any offices held.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

Organization	Offices Held

### List special accomplishments, publications, awards, etc.

EXCLUDE MEMBERSHIPS THAT WOULD REVEAL RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, CITIZENSHIP, AGE, MENTAL OR PHYSICAL DISABILITIES, VETERAN/RESERVE/NATIONAL GUARD OR ANY OTHER SIMILARLY PROTECTED STATUS.

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### List any additional information you would like us to consider.

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## **Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

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 such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application is limited to the position for which I applied. If I wish to be considered for employment for another position, it will be necessary to reapply.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Mayor.

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

**You must pass a mandatory drug screen to qualify for this position.**

**Job applicants must be 16 years or older: Are you 18 years of age or older?**  Yes  No

**Are you between the ages of 16 and 18?**  Yes  No

**Have you ever served on active duty in the Armed Forces of the United States for one year or longer?**  Yes  No

**If yes, a copy of your DD 214 must be submitted to be eligible for Veteran credit points.**

**WHEN HIRED, YOU MUST REPORT TO HUMAN RESOURCES ON OR BEFORE THE FIRST DAY OF WORK.**

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

**Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_**