



Application for Employment



WE ARE AN EQUAL OPPORTUNITY EMPLOYER and a DRUG-FREE WORKPLACE

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

(PLEASE PRINT CLEARLY)

Position(s) Applied For:		Date of Application:		
How Did You Learn About This Position(s)? (check all that apply)				
<input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> City Employee <input type="checkbox"/> Other, Please Specify _____				
Last Name		First Name		Middle Name
Address (Number)		(Street)	(City)	(State) (Zip Code)
Telephone Number (s)		E-mail Address		Social Security Number

Best time to contact you at home is: : AM/PM

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No

- If yes, give date(s) and job title _____

Have you ever been employed with us before? Yes No

- If yes, give date(s) _____

Do any of your friends or relatives currently working for the City of Marysville? Yes No

- If yes, list name(s) and relationship(s): _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

- If no, please explain why: _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status
Proof of citizenship or immigration status will be required upon employment Yes No

Date available for work ____/____/____ What is your desired salary range? _____

Are you available to work: Full Time (please indicate 1 2 3 shift)
 Part Time (please indicate Mornings Afternoons Evenings)
 Temporary (please indicate dates available ____/____/____ - ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Do you have any military experience? (attached DD-214, this will apply to Civil Service test points only): Yes No

Do you have a valid driver's license? Yes No Issuing State: _____ License #: _____

Do you have a CDL? Yes No Class: _____ Endorsements: _____

Employment History

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

Education

	Name and Address of School	Course of Study	Years Completed	Diploma/ Degree
Elementary School				
High School				
Undergraduate College				
Graduate or Professional				
Other (Specify)				

Training

List/describe specialized training, skills or qualifications that apply to the position (such as; experience with types of equipment, tools, computers/software skills, typing skills, safety training, etc.)

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.

Additional Information

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: Completely read the job requirements in the posting before answering the following question. Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? **YES** **NO**

References *(to submit more...provide your attached paper)*

1.

(Name)

Phone (Area Code-Number)

(Address)

2.

(Name)

Phone (Area Code-Number)

(Address)

3.

(Name)

Phone (Area Code-Number)

(Address)

Applicant's Statement

- I certify that answers given herein are true and complete.

- I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

- This application for employment shall be considered active for a period of time not to exceed 120 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

- I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

- In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date



MARYSVILLE POLICE DIVISION

1250 West Fifth St., Marysville, Ohio 43040

937-645-7316 Fax 937-645-7301

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request all persons to whom this request, (original or reproduction), is presented, having information relating to or concerning myself, to furnish such information to a duly appointed officer of the Marysville Division of Police and/or a Human Resources employee of the City of Marysville.

I am aware that this information may be of a personal nature and may otherwise be protected from disclosure by my constitutional or statutory law privileges. I hereby expressly waive all privileges that may attach to such communication or disclosure. I further release all persons, firms and corporations for any and all claims of any nature, as a result of said communications or disclosure. The records and information obtained will be maintained on file with the City of Marysville in confidentiality, to be utilized for employment purposes only.

INFORMATION TO BE RELEASED OR DISCLOSED:

Personal History, Educational Records, Employment Records, Military Service Records, Financial Records, Criminal History Records, Organizational Memberships, Medical Records (physical and psychological) and any other information pertaining to my consideration for suitability of employment by the City of Marysville.

APPLICANT NAME	DOB	SOC. SEC. NUMBER

SIGNATURE OF APPLICANT GRANTING RELEASE: _____

Have this form witnessed below before returning to the City of Marysville.

WITNESS NAME/PRINTED: _____

WITNESS SIGNATURE: _____ DATE: _____

CITY USE ONLY

REQUEST PRESENTED TO:	DATE
OFFICER PRESENTING REQUEST:	