



Employment Application City of Findlay

(Revised Feb. 2012)

An Equal Opportunity Employer

POSITION:

DATE:

/ /

Please submit one application per position or examination. Copies are acceptable. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required. Please be sure to complete the entire application. Also note that, once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

PLEASE TYPE OR PRINT IN INK

NAME: (Last, First, Middle)		SSN: - -
ADDRESS: (Street, City, State, ZIP Code)		DOB (year optional): / /
HOME PHONE: () -	ALTERNATE PHONE: () -	E-MAIL ADDRESS:
DRIVER'S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No	STATE: CLASS:	LEGAL RIGHT TO WORK IN THE U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No

PREFERENCES

PREFERRED SALARY: \$.	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Maybe
WHAT TYPE OF JOB ARE YOU LOOKING FOR? <input type="checkbox"/> Regular <input type="checkbox"/> Seasonal/Temporary	TYPES OF WORK YOU WILL ACCEPT: <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time
SHIFTS YOU WILL ACCEPT: <input type="checkbox"/> Day <input type="checkbox"/> Evening <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)	

EDUCATION

HIGH SCHOOL NAME:	LOCATION: (City, State)	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
CHECK YEAR COMPLETED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12		OBTAINED GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
SCHOOL NAME (College/University):		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME (College/University):		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
SCHOOL NAME (College, University):		LOCATION: (City, State)
CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:

EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work **may** also be included as employment. **NOTE:** To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume ***in addition*** to completing this section. If applying for a civil service examination, only the information provided below will be considered. A resume may not be used. **If you need additional space, attach extra sheets to this application.**

DATES: From: / / To: / /	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, ZIP Code) ,		
COMPANY URL:	PHONE NUMBER: () -	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		
DATES: From: / / To: / /	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, ZIP Code) ,		
COMPANY URL:	PHONE NUMBER: () -	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		
DATES: From: / / To: / /	EMPLOYER:	POSITION TITLE:
ADDRESS: (Street, City, State, ZIP Code) ,		
COMPANY URL:	PHONE NUMBER: () -	SUPERVISOR:
HOURS PER WEEK:		MAY WE CONTACT THIS EMPLOYER: <input type="checkbox"/> Yes <input type="checkbox"/> No
DUTIES:		
REASON FOR LEAVING:		

February 8, 2012

CERTIFICATES AND LICENSES

TYPE:	EXPIRATION DATE: / /
LICENSE NUMBER:	ISSUING AGENCY:
TYPE:	EXPIRATION DATE: / /
LICENSE NUMBER:	ISSUING AGENCY:

SKILLS

OFFICE SKILLS:
Typing Speed: _____ Data Entry Speed: _____
COMPUTER SKILLS:
OTHER SKILLS:
LANGUAGE(S):

The purpose of questions 1-6 is to obtain information relevant to employment with the City of Findlay. **Responses to these questions are required.**

1. SUMMARY OF QUALIFICATIONS – In the area below, briefly describe the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the **Minimum Qualifications** and any **position specific qualifications** posted for this position or examination. If you need additional space, attach an extra sheet to this application.

2. Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit a transcript.

3. Are you a current City of Findlay employee? Yes No

4. If you are **not** a current City of Findlay employee, have you ever been employed by the City of Findlay? (if you are a current City of Findlay employee, please select N/A). Yes No N/A

If yes, please indicate the date(s) so employed:

REFERENCES

Please list at least three individuals, other than relatives, whom we may contact as references regarding your character, ability, or experience.			
Name	Home Phone Number <small>(with area code)</small>	Work Phone Number <small>(with area code)</small>	Types of Reference <small>(personal, professional, education, etc.)</small>
	() -	() -	
	() -	() -	
	() -	() -	

1. I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Findlay, with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, or drug test until after I have received a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Findlay, are prerequisite to my appointment to a position with the City of Findlay. Initials _____
2. In addition, I also hereby understand that the City of Findlay, cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, maintained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions. Initials _____
3. If employed, I understand and accept that I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. Initials _____
4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the City of Findlay, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. Initials _____
5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity. Initials _____
6. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer. Initials _____
7. This application will be considered active for 12 months from the date filed. If you are hired, it will become part of your official employment record. Initials _____
8. Therefore, in consideration of my employment application being reviewed and considered by the City of Findlay, being at least 18 years of age and under no legal disability on behalf of my heirs and assigns, hereby release and agree to hold harmless, the City of Findlay, and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results therefrom. Initials _____

READ CAREFULLY BEFORE SIGNING

I certify that that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I authorize investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer or termination following employment. I waive all provisions of law forbidding colleges or universities which I attend, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Human Resources Director, City of Findlay, Ohio, the Findlay Civil Service Commission, and/or the agency department that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. I also recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse. Finally, I agree that any claim or lawsuit relating to my service with the City of Findlay must be filed no more than six (6) months after the date of the employment action that is the subject to the claim or lawsuit. I waive any statute of limitations to the contrary.

Signature of Applicant _____

Date: ____ / ____ / ____

PRE-EMPLOYMENT DRUG TESTING CONSENT

I understand that, as a candidate for employment with the City of Findlay, I must, in order to be appointed to a position with the City of Findlay, voluntarily consent to, and pass, a urinalysis, breath, or other drug testing to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested; if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used; or if masking agents are detected in any specimen I provide as part of the testing procedure.

I hereby knowingly and voluntarily consent to participate in a substance abuse test and authorize the City of Findlay, to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, said urinalysis, breath, or other drug testing. In addition, I authorize the designated laboratory or other licensed/certified medical professionals/technicians to release any and all information regarding the test(s), including results, to the City of Findlay, and its representative. I further release the City of Findlay, its officers, directors, employees, agents, representatives from any and all claims, suits, and causes of action, liability, and/or damages arising from my submitting to the test and from the information obtained from the test.

Signature of Candidate _____

Date: ____ / ____ / ____

**DRUG AND ALCOHOL TESTING
ACKNOWLEDGEMENT, RELEASE AND CONSENT**

I acknowledge that the City of Findlay, has an Employee Drug Testing Policy, which requires employees to submit to drug and/or alcohol testing when there is reasonable belief that his/her work performance is adversely affected by the presence of alcohol or illegal drugs in his/her system. I further acknowledge that the method of testing used by the City would include urinalysis or breath testing.

I understand that should I be appointed to a position with the City of Findlay, I may be required to submit to drug and/or alcohol testing one or more times during my employment with the City of Findlay, for the reason specified above. I also understand that I would be subject to appropriate disciplinary action including suspension or dismissal, if the test results are positive, if masking agents are detected in specimens I provide in conjunction with the testing procedure, or if I refuse to be tested.

I hereby knowingly and voluntarily consent to further "reasonable belief" drug and/or alcohol testing after appointment to a position with the City of Findlay, and authorize the City to conduct, through its designated testing laboratory or other licensed/certified medical professionals/technicians, urinalysis, breath, or other drug testing. In addition, I authorize the designated testing laboratory or other professionals/technicians to release any and all information regarding the tests, including their results, to the City of Findlay, and its representatives. I further release the City of Findlay, its officers, directors, employees, agents, representatives from any and all claims, suits, causes of action, liability, and damages arising from my submitting to the tests and from the information obtained from such tests.

Signature of Candidate: _____

Date: ____ / ____ / ____

**CITY OF FINDLAY
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to questions 7-13 are **OPTIONAL**. These questions are included to assist our equal employment opportunity efforts. Providing this information is **VOLUNTARY** and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. **Responses will be used for statistical purposes only.**

Position applying for:	Date: / /
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4. **OPTIONAL:**
sex male Female

5. **OPTIONAL:**
Please select your age group.
 under 18
 18-25
 26-39
 40-54
 55-69
 70+

11. **OPTIONAL: Race/Ethnicity**

WHITE: all persons having origins in any of the original peoples of Europe, North Africa or the Middle East

BLACK or AFRICAN AMERICAN: all persons having origins in any of the Black racial groups of Africa.

HISPANIC or LATINO: all persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.

ASIAN: all persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).

NATIVE HAWAIIAN or PACIFIC ISLANDER: all persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).

AMERICAN INDIAN or ALASKAN NATIVE: all persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.

OTHER: please self-define

12. **OPTIONAL:** are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?
 yes no

13. **OPTIONAL:** are you a veteran?
 yes no

14. **OPTIONAL:** If you answered yes to the previous question, please indicate if one or more of the following apply:

MILITARY STATUS: the performance of duty in a uniformed service, to include active duty, active duty for training, initial active duty for training, inactive duty for training, full-time National Guard duty.

DISABLED VETERAN: a person whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

DESERT STORM/SHEILD VETERAN: a person whose active duty was performed after August 2, 1990, in the Persian Gulf Conflict.

VIETNAM ERA VETERAN: a person served on active duty for a period of more than 180 days, any part of which occurred between August 5, 1964, and May 7, 1975.