

**APPLICATION FOR EMPLOYMENT
CITY OF AVON
36080 CHESTER ROAD
AVON OHIO 44011
An Equal Opportunity Employer**

**IT IS IMPERATIVE THAT THIS APPLICATION BE COMPLETED IN ITS ENTIRETY.
ALL QUESTIONS MUST BE ANSWERED TRUTHFULLY.**

PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS CONTAINED ON THE ENTIRE APPLICATION FORM. PLEASE NOTE THAT THIS COMPLETED APPLICATION FOR EMPLOYMENT FORM WILL BECOME A PUBLIC RECORD UPON SUBMISSION.

Position Applied for: _____	Date: _____
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Last Name: _____ **First Name:** _____ **Initial:** _____

Street Address: _____

City: _____ **State:** _____ **Zip:** _____ **County:** _____

Home Phone Number: () _____ **Cell Number:** () _____

Work Number: () _____ **Home E- Mail:** _____

Do you have any commitments (e.g., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position? Yes No
If yes, please explain: _____

(Depending on the position applied for, afternoon or night shift work, rotating shift work, weekend work, mandatory overtime hours, and/or response to call outs may be required).

Applicant Name: _____

ADDRESS INFORMATION: List your addresses during the last five years (most recent address first and descend). Include nearest city for military bases. **Include zip codes and area codes.**

Street Address:			
City:	State:	Zip:	<input type="checkbox"/> Own <input type="checkbox"/> Rented
Dates: from:	to:	Landlord's phone # ()	
Landlord's name/address:			

Street Address:			
City:	State:	Zip:	<input type="checkbox"/> Owned <input type="checkbox"/> Rented
Dates: from:	to:	Landlord's phone # ()	
Landlord's name/address:			

Street Address:			
City:	State:	Zip:	<input type="checkbox"/> Owned <input type="checkbox"/> Rented
Dates: from:	to:	Landlord's phone # ()	
Landlord's name/address			

Street Address:			
City:	State:	Zip:	<input type="checkbox"/> Owned <input type="checkbox"/> Rented
Dates: from:	to:	Landlord's phone # ()	
Landlord's name/address:			

REFERENCES: List three (3) adult references *that are not relatives*. We prefer you use references that you have known you for at least three years, if possible. **Provide full addresses (include zip codes and area codes).**

Full Name:	Phone # ()	
Street Address:		
City:	State:	Zip Code:
Length of years you have known this reference:		

Full Name:	Phone # ()	
Street Address:		
City:	State:	Zip Code:
Length of years you have known this reference:		

Full Name:	Phone # ()	
Street Address:		
City:	State:	Zip Code:
Length of years you have known this reference:		

Applicant Name: _____

PERSONAL INFORMATION: (use “N/A” to questions that do not apply to you).

1. Print your full legal name: _____

2. Other names you have worked under: _____

EDUCATION AND TRAINING

High school graduate? Yes No If not, last grade attained: _____

Name and address of high school: _____

GED Certificate () Yes Certificate # _____ Issued by: _____

Post high school education (including technical and business schools)

Name/Location of College/University	Date of graduation	Degree, Certificate or credit hours

A copy of diploma or transcript may be requested at the time of application/interview. If you have not obtained a Bachelor’s or Associate’s degree, include the amount of credit hours you have accumulated.

List below the specific course work areas at high school or post high school, including any military service, relevant to the position for which you are applying and indicate the number of courses you have successfully completed in each area.

Type or title of training	Organization obtained from	Length of training/ # of courses

MILITARY RECORD:

Were you honorably discharged from a branch of the U.S. Military service? Yes No

If yes, what branch? _____

Applicant Name: _____

MILITARY RECORD *continued:*

Number of continuous months of service: _____

Do you have any military experience, training, or certifications relevant to the position you are applying for?
 Yes No If yes, use the continuation page (#6) to explain.

EMPLOYMENT RECORD: List your most recent job and descend from there. You need go back only 15 years, and there is no need to list jobs prior to age 18 unless you are under the age of 25. For periods of unemployment, write “unemployed” on “name of employer” line and the dates of unemployment on “dates employed” line. When listing military, substitute supervisor with the name and rank of the last commissioned officer that supervised you. Use the continuation page (#6) if necessary.

IMPORTANT: YOU MUST PROVIDE FULL ADDRESSES INCLUDING ZIP CODES AND PHONE NUMBERS WITH AREA CODES.

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
Can we contact your current employer now? <input type="checkbox"/> Yes <input type="checkbox"/> No	If not, why?

Note: contact with your current employer will have to be made prior to a conditional offer of employment.

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
Reason for leaving:	Dates: from to

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
Reason for leaving:	Dates: from to

Employer Name:	Supervisor:
Street Address:	Phone Number: ()
City/State/Zip:	Job Title:
Reason for leaving:	Dates: from to

Applicant Name: _____

WORK HISTORY:

1. Have you **ever** applied with another government agency? () Yes () No
If yes, complete the following and if hired, give dates of employment on the continuation page (#6).

Name of Department/Agency and Position	Date applied	circle one:	circle one:
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No
		Interviewed? Yes No	Hired? Yes No

Note: Use page 6 if you need additional space. It is important to include all agencies.

2. Have you **ever** worked for the City of Avon? Yes No

If yes, what dates: _____ and what position: _____

3. Have you **ever** been discharged or asked to resign from a job? Yes No
If yes, explain on the continuation page (#6).

VEHICLE OPERATION INFORMATION: You must complete the following in its entirety.

1. Do you have a valid Ohio driver's license? Yes No If not, from what state: _____
2. Do you have a valid Commercial Driver's License (CDL)? Yes No
(Depending on the position applied for, a CDL may be required).
3. Are you currently insured? Yes No If not, why? _____

If you answer "yes" to the following, please explain below.

4. Has your driver's license ever been revoked or suspended? Yes No
- _____

CRIMINAL BACKGROUND INFORMATION: You must complete the following in its entirety.

As an adult, have you ever been convicted of a felony? Yes No If yes, in what state: _____
If yes, please explain:

(A conviction record will not necessarily be a bar to your employment. Factors such as the position applied for, age, type of offense, the seriousness and nature of the violation, and rehabilitation will be taken into account.)

Applicant Name: _____

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE ANY QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH.

APPLICANT'S CERTIFICATION AND AGREEMENT
Please Read All Statements Carefully

1. I understand and accept that, if I am selected for employment, my initial and continued employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: _____

2. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening or night shifts including weekends, be on call, and/or work mandatory overtime hours. I also understand and accept that I am required to abide by all rules and regulations of the City.

Initials: _____

3. 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 employer, I may be subject to disciplinary action, including termination, if any information required by this application is subsequently found to have been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that the City, as an employer, requires a high degree of ethics, 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: _____

5. 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: _____

Applicant Name: _____

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. 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 RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

******* IMPORTANT PLEASE READ CAREFULLY BEFORE SIGNING *******

FURTHER, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE CITY OF AVON MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I VOLUNTARILY WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

Signature of Applicant: _____ **Date:** _____

Applicant Name: _____

APPLICATION WAIVER FORM

To Whom It May Concern:

I have made application for employment with the City of Avon and hereby give permission to said City to conduct an investigation for the purpose of determining my eligibility for employment. I hereby give permission to the City and/or agencies contracted by the City (designee), to make an investigation concerning my conviction records, school records and to interview any person that the City believes to have information concerning my character. I also understand that a background check, credit check, and driving record check may be required prior to employment and I authorize the City of Avon/designee to conduct said background/credit/driving check.

I request and authorize the City, County, State or Federal agency, and any private entity or individual to furnish any information contained in their files under my name. I agree to hold any source of information blameless for any error in reporting this information, and I release all persons whomsoever from any damage as a result of furnishing said information.

I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I understand that no promises regarding employment have been made to me.

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the City and as permitted by law. I consent to such examination and tests, and I request that the examining doctor/Agency disclose to the City the results of the examination/test, which results shall remain confidential and segregated from my personnel file to the extent allowable by law. I understand that if I am hired a condition of my employment will be that I abide by the City's Drug and Alcohol Policy.

This investigation is for the purpose of determining eligibility for employment with the City of Avon and information will be held in confidence to the extent allowable by law.

Print full name: _____ **Date:** _____

Maiden name or other name utilized (designate): _____

Current full address: _____

Signature of applicant: _____

CITY OF AVON
FAIR CREDIT REPORTING ACT NOTICE AND AUTHORIZATION

In order to process your application, or during the course of your employment, a consumer report, credit report or criminal background check may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The Employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

I hereby authorize the Employer to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

Signature of Applicant/Employee

Date

CITY OF AVON

VOLUNTARY EEO DATA FORM

It is not required that you complete this form, but would be appreciated if you do so. Do not put your name on this page. Upon receipt of your application it will be separated and the information will be put into the computer system for statistical purposes only.

If you are applying for a specific position, please indicate:

Job Title: _____

Agency/Department: _____

How did you learn about this position or examination?

- Centralized Recruitment Office
- Paper/Vacancy Posting
- Electronic/Computer Posting
- Newspaper: _____
- Other _____

Sex: Male Female

Date of Birth/Age: _____

Disability: Are you an individual with a physical or mental impairment which substantially limits one (1) or more of your major life activities: (check one) Yes No

Veteran Status: Are you a veteran? (check one) Yes No

If YES: Disabled Veteran Vietnam Era Veteran Desert Storm/Shield Veteran

Race:

- White Persons having origins in any of the original peoples of Europe or the Middle East
- Black Persons having origins in any of the black racial groups of Africa
- Hispanic Persons of Mexican, Puerto Rican, Cuban Central, or South American, or other Spanish culture or origin, regardless of race
- Native American or Alaskan Native Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition
- Asian/Pacific Islanders Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian subcontinent, or the Pacific islands

Date: _____