

**CITY OF DEER PARK, OHIO**  
**APPLICATION FOR EMPLOYMENT**

**POSITION:** \_\_\_\_\_

We are committed to a policy of Equal Employment Opportunity and will not discriminate on any legally recognized basis, including but not limited to race, age, color, religion, sex, marital status, national origin, citizenship, ancestry, physical or mental disability, veteran status, or any other legally protected class.

**PERSONAL BACKGROUND:**

NAME: \_\_\_\_\_

SOC.SEC.NO.or Driver's Lic #: : \_\_\_\_\_

PRESENT ADDRESS: \_\_\_\_\_

PERMANENT ADDRESS (If different from above): \_\_\_\_\_

PREVIOUS ADDRESS: \_\_\_\_\_

TELEPHONE NUMBER(S): \_\_\_\_\_

REFERRED BY: \_\_\_\_\_ DATE AVAILABLE TO START: \_\_\_\_\_

ARE YOU EMPLOYED? \_\_\_\_ MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? \_\_\_\_

HAVE YOU EVER APPLIED TO THE CITY BEFORE? \_\_\_\_ WHEN? \_\_\_\_\_

ARE YOU WILLING TO WORK OVERTIME? \_\_\_\_\_

U.S.MILITARY OR NAVAL SERVICE: \_\_\_\_\_ RANK \_\_\_\_\_

IF DRIVING IS A REQUIREMENT OF THE JOB FOR WHICH YOU ARE APPLYING, DO YOU HAVE A CURRENT, VALID DRIVER'S LICENSE? \_\_\_\_\_ (If driving is a requirement of the job for which you are applying, continued employment is contingent on you maintaining a current driver's license.)

ARE YOU ABLE, AT THE TIME OF EMPLOYMENT, TO SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? \_\_\_\_\_ (Verification and completion of the I-9 form must be submitted no later than three business days after date of hire.)

REFERENCES: Give the names of three persons not related to you, whom you have known at least three years.

<u>NAME AND OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE NUMBER</u>	<u>YRS.KNOWN</u>
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

EDUCATIONAL BACKGROUND	NAME AND LOCATION OF SCHOOL	CIRCLE HIGHEST GRADE COMPLETED	MAJOR AREA OF STUDY		
HIGH SCHOOL		9 10 11 12/GED			
COLLEGE		1 2 3 4			
TRADE, BUSINESS, or GRADUATE SCHOOL					
SPECIALIZED TECHNICAL SKILLS (Such as computer programming/language, equipment operation, special tools/machines, etc.)					
WORK EXPERIENCE±: Please list your last three employers, starting with your present or last place of employment. Verifiable volunteer work may be included.					
DATE MO./YR.	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	NAME OF SUPERVISOR	REASON FOR LEAVING
Fr					
To:					
Fr					
To:					
Fr					
To:					

**APPLICANT'S STATEMENT:**

In signing this application, I certify that all the foregoing information is a complete and accurate statement of the facts and understand that if any misrepresentation, omission, or falsification be discovered, it will constitute grounds for dismissal. I hereby authorize you to conduct any investigation (including criminal, bureau of motor vehicles, and credit if applicable) necessary concerning any part of my background related to the position I am seeking. I release all parties from any liability in connection with the provision and use of such information.

I understand and agree that, if employed by the City, I will abide by its rules and regulations which I understand are subject to change.

\_\_\_\_\_  
Applicant's Signature

Date: \_\_\_\_\_