

CITY OF ELYRIA, OHIO

131 Court Street, Elyria, Ohio 44035

Employment Application
 "An Equal Opportunity Employer"

APPLICATION DATE:

Your application will remain on file for 1 year from date of receipt.

I. PERSONAL INFORMATION	FULL TIME / PART TIME / SEASONAL Please Circle DATE AVAILABLE TO START WORK: _____	POSITION APPLYING FOR: _____		
NAME (Last, First, Middle) _____				
MAILING ADDRESS (Number and Street) _____ (Apartment Number/P.O. Box) _____				
CITY _____		STATE _____	ZIP CODE _____	COUNTY _____
HOME PHONE _____-_____-_____	WORK PHONE _____-_____-_____	CELL # _____	May we contact you at your business number: Yes No	
HOW LONG HAVE YOU LIVED AT THIS ADDRESS: _____ Years _____ Months				
PREVIOUS ADDRESS (Number and Street, City, State and Zip Code) _____				
HAVE YOU EVER BEEN A MEMBER OF THE ARMED SERVICES: ___ Yes ___ No If Yes, Please give date of Discharge: Month _____ Day _____ Year _____				
SINCE YOUR 18 TH BIRTHDAY, HAVE YOU EVER PLED GUILTY TO OR BEEN FOUND GUILTY OF ANY OFFENSE OTHER THAN MINOR TRAFFIC OFFENSES? YES ___ NO ___ IF YES, PLEASE GIVE: Nature of Offense: _____ Disposition of Case: _____ Court: _____ Date: __/__/__ Nature of Offense: _____ Disposition of Case: _____ Court: _____ Date: __/__/__ NOTE: A conviction does not automatically mean you can not be employed by the City. The nature of the offense, how long ago it occurred, etc. are given consideration.				
ARE YOU RELATED TO A CITY EMPLOYEE OR IS ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED BY THE CITY OF ELYRIA? Yes ___ No ___ If Yes, Please give the person's: NAME: _____ RELATIONSHIP TO YOU: _____ DEPT: _____				
II. DRIVERS LICENSE	Driver's License No. # _____	State _____	Exp. Date _____	Type: ___ CDL Class: ___ ___ Operator
III. EDUCATION	HIGH SCHOOL NAME _____		HIGHEST LEVEL COMPLETED Please Circle: 9 10 11 12	
	CITY _____	STATE _____	ZIP CODE _____	

Please list any course work or specialized technical and/or vocational training relevant to this position. Only the course work and/or training listed will be considered in determining your eligibility.

TYPE OF TRAINING DATE OF COMPLETION WHERE TRAINING RECEIVED

Please list all additional formal education you have received. Make sure you provide complete information.

College or University-Undergraduate Studies Name/Address: _____ _____ _____ _____	Major	Qtr Hrs Completed:	Semester Hrs Completed:
	Minor	Degree & Year:	
College or University – Graduate Studies Name/Address: _____ _____ _____ _____	Major	Qtr Hrs Completed:	Semester Hrs Completed: _____
		Degree & Year:	

IV. WORK HISTORY	LIST YOUR MOST RECENT PAID AND VOLUNTEER JOBS RELEVANT TO THIS POSITION. ONLY THOSE JOBS LISTED WILL BE CONSIDERED IN DETERMINING YOUR ELIGIBILITY.	
FROM (mo/day/yr)	Title of your most recent position	Employer/Organization
TO (mo/day/yr)	Phone:	Mailing Address:
Hrs Worked Per Week	Name and Title of Immediate Supervisor:	

DESCRIPTION OF DUTIES:

Starting Salary: \$ _____ per _____	Last Salary: \$ _____ per _____	Reason for Leaving:
--	------------------------------------	---------------------

FROM (mo/day/yr)	Title of position	Employer/Organization
TO (mo/day/yr)	Phone:	Mailing Address
Hrs Worked Per Week	Name and Title of Immediate Supervisor:	

DESCRIPTION OF DUTIES:

Starting Salary: \$ _____ per _____	Last Salary: \$ _____ per _____	Reason for Leaving:
--	------------------------------------	---------------------

FROM (mo/day/yr)	Title of position	Employer/Organization
TO (mo/day/yr)	Phone:	Mailing Address:
Hrs Worked Per Week _____	Name and Title of Immediate Supervisor:	
DESCRIPTION OF DUTIES:		
Starting Salary: \$ _____ per _____	Last Salary: \$ _____ per _____	Reason for Leaving:

HAVE YOU HAD ANY PERIODS OF UNEMPLOYMENT DURING THE LAST 5 YEARS? __ YES __ NO
 If Yes – From ___/___/___ to ___/___/___

HAVE YOU EVER WORKED FOR THE CITY OF ELYRIA? YES NO
 If Yes – Dates of Employment ___/___/___ to ___/___/___ Department: _____
 Classification: _____ Reason for Leaving: _____

List Memberships in Professional, Job Related Organizations:

List any active professional, technical, occupational licenses or certificates and registrations you now hold:

REFERENCES: LIST THREE (3) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS

<u>NAME</u>	<u>OCCUPATION</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>YEARS KNOWN</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

IMPORTANT: Employment is subject to verification of an applicant's background. That background investigation may include testing for current usage of drugs and or controlled substances. Additionally, the City is required by Federal Law to verify having seen documents, which the applicant must provide as part of later pre-employment processing, that show: (1) the applicant's identity; and (2) the applicant's right to work in the United States.

I hereby certify that I have read all information above, and that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE: _____ DATE: _____