



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: _____
HOME PHONE: () _____ - _____	CELL #: () _____ - _____	WORK #: () _____ - _____
E-MAIL: _____		
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 (MM/DD/YYYY): _____		
<p>A criminal record does not necessarily preclude an applicant from consideration for employment; an individual assessment of an applicant's criminal record will be made before excluding an applicant from consideration. However, Section 2961.02 of the Ohio Revised Code disqualifies individuals who pleaded guilty to or were convicted of certain felonies involving fraud, deceit, or theft from holding a position that has substantial management or control over the property of the City.</p>		
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 share the following information: NAME: _____ RELATIONSHIP TO YOU: _____ DEPT: _____		
II. DRIVERS LICENSE	Driver's License No.: _____	State: _____
		Exp. Date: _____
		Type: CDL: _____ Class: _____
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.

<u>TYPE OF TRAINING</u>	<u>DATE OF COMPLETION</u>	<u>WHERE TRAINING RECEIVED</u>
_____	_____	_____
_____	_____	_____

Please list all additional formal education you have received, and be sure to 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 (MM/DD/YYYY):	Title of your most recent position:	Employer/Organization:
TO (MM/DD/YYYY):	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 (MM/DD/YYYY):	Title of Position:	Employer/Organization:
TO (MM/DD/YYYY):	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 (MM/DD/YYYY):	Title of Position:	Employer/Organization:
TO (MM/DD/YYYY):	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: _____



**DISCLOSURE UNDER
FAIR CREDIT REPORTING ACT AND
CONSENT TO PROCUREMENT OF
CONSUMER REPORT FOR
EMPLOYMENT PURPOSES**

I, the undersigned, hereby authorize the City of Elyria, its insurance agency or its assigns, to obtain copies of consumer reports including a motor vehicle report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used and I do hereby authorize such use.

Dated: _____

Signature: _____

Printed Name

Return with completed application

3.29.17



WORKPLACE STATISTICS SURVEY

(Completion optional)

Please return this survey with your completed application. Should you return the survey by mail, please do so under separate cover to the attention of the EEO Officer, 131 Court Street, Suite 301, Elyria, OH 44035

The data requested on this sheet will be kept strictly confidential and will NOT be part of any personnel or job applicant records. The information will be accessible only to the Equal Employment Opportunity Officer and is being gathered in compliance with Federal Equal Employment Opportunity regulations (EEOC-www.eeoc.gov). It will assist us in evaluating the City's progress in providing equal job opportunities to all applicants.

NAME _____

Please print

Male _____ Female _____ Age _____ Educational Level _____

Race: Black or African American Hispanic or Latino Caucasian

Native American Asian Other _____

Please specify

Job applied for: _____

DO YOU HAVE A CONDITION OR DISABILITY THAT PRECLUDES YOU FROM PERFORMING THE POSITION FOR WHICH YOU HAVE APPLIED?

Yes No If yes, explain: _____

What led you to apply? Newspaper ad _____ Internet _____ Other _____
Please specify

Return with completed application

Thank you for your cooperation



City of Elyria
Human Resources
131 Court Street
Elyria, OH 44035

DISCLOSURE
AUTHORIZATION AND RELEASE

I understand that in connection with my application for employment , the City of Elyria, their agents, assigns or any other authorized third parties (collectively, the “Investigators”) may be performing, requesting, obtaining or conducting a background check on me. This background check may include any inquire in to my employment history, education, general character or reputation, work experience, driving, criminal and credit histories and such other information the (“Information”) as may be required. I understand that the City of Elyria may rely on any part of all of this Information in determining whether to extend an opportunity of employment to me. I further understand that if any adverse action is taken by the City of Elyria, or if the City of Elyria chooses not to extend an opportunity of employment to me based upon the Information, that I will be provided a copy of such Information along with a summary of my rights under the Fair Credit Reporting Act.

I understand that the background check which may be performed by Investigators is being performed as part of the pre-employment process to evaluate me for employment and is not conducted for any other purpose other than in connection with my application for employment. I have read this Disclosure and by signing below, hereby authorize Investigators to conduct a background check as described herein in conjunction with my application for employment. I hereby release Investigators from any and all liability related to the procurement or disclosure if any information provided by me or obtained about in connection with my application for employment with the City of Elyria. I further direct and authorized Investigators to conduct the background check and further authorize any third parties who may be the custodians of or in possession of the request Information, to disclose such Information to Investigators in connection with this background check.

Applicant Signature

Date

Social Security Number (XXX-XX-XXXX)

Date of Birth (MM/DD/YYYY)

Enter legal First, Middle Initial and Last Name as it appears on a government issued document, such as a driver’s license, passport, etc. Please print or write legibly and complete all requested fields. Incomplete information may delay the hiring process.

Printed Name: **First** _____ **Middle** _____ **Last** _____ **Suffix** _____

Maiden Name (If applicable): _____ **Gender:** _____ **Male** _____ **Female**

Phone: _____ **Email:** _____

Current Address:

Street City State Zip

Former Address:

Street City State Zip