

# APPLICATION FOR EMPLOYMENT



## CITY OF TRENTON

11 East State Street - Trenton, Ohio 45067



The City of Trenton is an Equal Employment Opportunity employer. We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, marital status, veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied For _____	Date of Application _____
<b>REFERRAL SOURCE</b>	
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend
<input type="checkbox"/> Walk-in	<input type="checkbox"/> Relative
<input type="checkbox"/> Employment Agency	
<input type="checkbox"/> Other	

### Section I - Personal Information

Name \_\_\_\_\_  
Last
First
Middle

Address \_\_\_\_\_  
Street
City
State
Zip Code

Telephone Number(s) \_\_\_\_\_ Social Security No. \_\_\_\_\_

If you are under 18 years of age, can you provide proof of your eligibility to work?  Yes  No

Have you filed an application with us before?  Yes  No

Have you ever been convicted of a State or Federal Criminal Offense (not traffic) within the past ten (10) years?  Yes  No

Do you have relatives currently employed by the City of Trenton?  Yes  No

If yes, who is employee(s) \_\_\_\_\_

Relationship to employee(s) \_\_\_\_\_

Are you currently employed?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  Yes  No

*Proof of citizenship or immigration status will be required upon employment*

Can you travel if a job requires it?  Yes  No

Please describe in one or two sentences the type or nature of work you are looking for.  
 \_\_\_\_\_  
 \_\_\_\_\_

What is your minimum salary requirement? \_\_\_\_\_

When will you be available to start? \_\_\_\_\_

## Section II - Work Experience

Please describe your work experience starting with your most recent employer. Use additional paper if necessary.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
	Job Title	Supervisor's Name	Start	End	
	Reason for Leaving				
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
	Job Title	Supervisor's Name	Start	End	
	Reason for Leaving				
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
	Job Title	Supervisor's Name	Start	End	
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Salary		
	Job Title	Supervisor's Name	Start	End	
	Reason for Leaving				

**SKILLS AND QUALIFICATIONS** - Summarize any special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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May we contact these employers for a reference?  Yes  No

### Section III - Educational Background And Training

List last three (3) schools attended, starting with the most recent and indicate the number of years completed. Indicate if you received a degree or diploma, and list the Major and Minor fields of study (if applicable).

School	Years Completed	Degree Diploma	Major	Minor

Please describe the courses you took or technical training you have received from school you feel would help you perform the job for which you are applying (include hobbies or volunteer work projects that have taught you qualifying skills, etc.).

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Do you presently have a valid State of Ohio Commercial Driver's License?  Yes  No  
If not, are you willing to obtain one?  Yes  No

### Section IV - Additional Information

List special accomplishments, publications, awards, etc. (Exclude information which would reveal sex, race, religion, national origin, age, color, disability or other protected status)

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List name and telephone number of three references who are not related to you.

Name	Address	Telephone

List any additional information that you would like for us to consider. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Section V - Applicant's Statement

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.

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

\_\_\_\_\_  
Date

# Liability Release

Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Birth \_\_\_\_\_ Social Security Number \_\_\_\_\_

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing a 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 shifts or night shifts, including weekends and be on call and work mandatory overtime hours.

Initials: \_\_\_\_\_

3. I understand and accept that if any information required 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 has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I 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 names 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: \_\_\_\_\_

***In connection with my application for employment with the City of Trenton, and by affixing my signature hereto, I am authorizing the release of any and all information to be made available to the City of Trenton, concerning my work habits, employment record, and personal conduct and character including any confidential or privileged information which may be available.***

***Additionally, I release from all liability and claim of damages, the City and such agency, firm and organization, or individual providing such information to the City of Trenton. Further, it is understood that all the personal information herein was compiled as candidacy for employment with the City of Trenton.***

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

\_\_\_\_\_  
Date

# Equal Employment Opportunity (EEO) Information

Please submit this completed form with your application form. This information will be used solely for EEO purposes in compliance with State and Federal Laws and Guidelines.

**HUMAN RESOURCES DEPARTMENT: This form is to be detached from the application and filed separately therefrom.**

Classification/job for which you are applying \_\_\_\_\_

Name \_\_\_\_\_  Male  Female

Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

**Please check one of the following Equal Employment Opportunity categories as applicable:**

<input type="checkbox"/>	White	Persons having origin in any of the people of Europe, North Africa, or Middle East.
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<input type="checkbox"/>	Black	Persons having origin in any of the Black racial groups.
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<input type="checkbox"/>	Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
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<input type="checkbox"/>	American Indian Alaskan Native	Persons having origins in any of the original peoples of North America, and who maintain cultural or origin regardless of race.
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<input type="checkbox"/>	American / Pacific Islanders	Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific islanders recognition.
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<input type="checkbox"/>	Other	Other minority or protected status not otherwise listed above. Please explain:
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<input type="checkbox"/>	Handicap	Individual with physical condition that limits his/her ability to attain employment.
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