

City of Defiance *a safe place to work*

APPLICATION FOR EMPLOYMENT

Equal Opportunity Employer Discrimination in employment because of race, religion, creed, color, national origin, ancestry, disability, age, sex, or liability for service in Armed Forces of the United States is prohibited by city policy. In addition, City employment policy requires compliance with state and local fair employment practice laws and regulations. The City of Defiance is an equal opportunity employer.

Last Name	First Name	Middle Name	Date of Application	
Address Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number (voluntary)	
Email Address				

GENERAL INFORMATION

Position applying for: _____

Have you ever worked for the City of Defiance?..... Yes No

If yes, reason for leaving, year and under what name? _____

Do any of your relatives or friends work here?..... Yes No

If yes, please list: _____

Are you currently employed?..... Yes No

Are you under 18?..... Yes No

Are you a U.S. Citizen?..... Yes No
(If you are hired, you will be required to submit proof of citizenship or furnish proof of your right to work in the United States)

Date available for work: _____ What is your desired salary range? _____

Are you available to work: Full-time: 1 2 3 shift
(Please indicate availability) Part-time: Mornings Afternoons Evenings

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

Can you travel if the job requires it? Yes No

EDUCATION

Education will be considered only to the extent relevant for the position for which you are applying.

School	Name & Address of School	Circle Last Year Completed	Course of Study	Did you graduate?
High School		9 10 11 12		
Undergraduate College		1 2 3 4		
Graduate Professional		1 2 3 4		
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job if unemployed, and include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving		May we contact?	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving		May we contact?	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title			
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Reason for Leaving		May we contact?	
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving		May we contact?	

Have you ever been terminated or asked to resign from a position? If so please explain.

If you need additional space, please continue on the back of this application.

EMPLOYMENT AND PROFESSIONAL REFERENCES

Please list three individuals who are not related to you, do not live with you, and have known you at least three years, such as a supervisor, co-worker, business leader, professional person, etc.

Name	Address	Telephone number	Relationship	How long have you known this person?

ADDITIONAL INFORMATION

Describe any specialized training, apprenticeship, skills, computer skills, or additional information that you feel may be helpful to us in considering your application:

List professional, trade, business or civic activities and offices held. You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

<p>I hereby authorize anyone of whom request is made to supply to the city any information concerning my background in connection with employment consideration. I hereby release all parties, including but not limited to the City and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me. I understand falsification, misrepresentation, incomplete information, or omission of facts called for on the application constitutes sufficient cause for the withdrawal of any employment offer or my dismissal from any employment resulting from this application. I understand and hereby acknowledge that any offer of employment with the City of Defiance could be conditional upon the satisfactory completion of medical testing which could include a drug screening. I also agree to undergo periodic or random drug screening as may be required by the City of Defiance. I also understand and hereby acknowledge that if I am offered and accept employment with the City of Defiance, employment is considered at-will, is for no definite period of time, and may be terminated with or without cause. I further understand that this application for employment is not a contract of employment.</p> <p>Date: _____ Signature: _____</p>
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We will keep this application for employment active for consideration for a period of 6-months.