



City of Defiance, Ohio

APPLICATION FOR EMPLOYMENT

The City of Defiance, Ohio is an equal opportunity employer and employment decisions are made without regard to race, religion, creed, color, national origin, ancestry, disability, age, sex (including pregnancy and sexual orientation), genetic information, veteran status, or military status.

NOTE: Even if you are submitting supplemental information with your application, all information on this City of Defiance Application for Employment must be complete.

Please Print Legibly or Type

Last Name First Name Middle Initial

Home Address City State Zip Code

(_____) - _____
Phone Number Email Address

GENERAL INFORMATION

1. Position applying for: _____
2. Are you legally authorized to work in the United States?.....☐ Yes ☐ No
Proof of Citizenship or Immigration Status will be required upon employment.
3. Do you have a valid driver's license?.....☐ Yes ☐ No
4. Have you been employed by the City of Defiance, the state or
any political subdivision of Ohio?.....☐ Yes ☐ No
Where: _____ Dates: _____
5. Are you currently employed?.....☐ Yes ☐ No
6. Do you have any relatives currently employed by the City of Defiance?.....☐ Yes ☐ No
Is so, please list: _____
7. Are you willing to travel if that is a job requirement?.....☐ Yes ☐ No
8. Are you able to work overtime if necessary?.....☐ Yes ☐ No

EDUCATION

	School Name & Location	Diploma/Degree Obtained	Course of Study
High School			
College or Trade School			
Graduate School			

EMPLOYMENT EXPERIENCE

Please list your past work experience beginning with your current or most recent employment. Military experience and volunteer work may also be included as employment. If you need additional space, attach another sheet to this application.

EMPLOYER:	Hire Date:	Ending Date:
Address:	Job Title:	Salary:
	Reason for leaving:	
Telephone:	Job Duties:	
Supervisor's Name:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	Hire Date:	Ending Date:
Address:	Job Title:	Salary:
	Reason for leaving:	
Telephone:	Job Duties:	
Supervisor's Name:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	Hire Date:	Ending Date:
Address:	Job Title:	Salary:
	Reason for leaving:	
Telephone:	Job Duties:	
Supervisor's Name:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

EMPLOYER:	Hire Date:	Ending Date:
Address:	Job Title:	Salary:
	Reason for leaving:	
Telephone:	Job Duties:	
Supervisor's Name:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

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	Phone number	Relationship

ADDITIONAL INFORMATION

List any license, certificates, specialized training, apprenticeships, skills, computer skills, or any other additional information that you feel may be helpful to us in considering your application:

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List any 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:

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APPLICANT'S CERTIFICATION & AGREEMENT

I hereby certify that the information and facts set forth in the application are true, complete without omission to the best of my knowledge. I understand that any falsification, misrepresentations, omissions of any facts, or incomplete statements in this application or other documents submitted for consideration of employment, such as a resume, or in any interview, will be cause for denial of employment or immediate termination of employment, if employed, regardless of the timing or circumstance of discovery.

I authorize the City of Defiance to investigate any and all information provided or known. I hereby authorize any and all schools, employers, references, courts and any others who have information about me to provide such information to the City of Defiance. I release any such person, company, institution, or government agency from any liability for any and all damages that may result from providing and/or furnishing such information to the City of Defiance with regard to this application for employment.

I understand that prior to hire the city conducts background investigations of selected candidates. Pre-employment drug testing and medical examinations may be required pursuant to a conditional offer of employment. I understand that failing the post-offer drug test will result in the city immediately rescinding the job offer rendered to me or the termination of employment if I am already employed.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be made by the City of Defiance, such offer whether or not stated, is for employment at will, and that if I accept such offer, my employment may be terminated by either the City of Defiance or myself at any time, with or without cause or notice.

I have read, understand, and agree to the above statements and conditions.

Signature of Applicant: _____ / ____/20____
Date of Application

**Please return application to:
City of Defiance, Ohio Human Resources, 631 Perry Street, Defiance, OH 43512**