

EMPLOYMENT APPLICATION

CITY OF MARYSVILLE
125 E. 6TH STREET
MARYSVILLE, OH 43040
(937) 642-6015

Military Experience Yes____ No____

*** If yes, please attach copy of DD214**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For	Date of Application
How Did You Learn About This Position(s)?	
<input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> City Employee <input type="checkbox"/> Other, Please specify _____	

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Last Name	First Name	Middle Name
Address (Number)	(Street)	(City)
		(State)
		(Zip Code)
Telephone Number (s)		Social Security Number

Best time to contact you at home is:.....		:_____	AM/PM
If you under 18 years of age, can you provide required proof of your eligibility to work?.....	<input type="radio"/> Yes	<input type="radio"/> No	
Have you ever filed an application with us before?.....	<input type="radio"/> Yes	<input type="radio"/> No	
If Yes, give date _____			
Have you ever been employed with us before?.....	<input type="radio"/> Yes	<input type="radio"/> No	
If Yes, give date _____			
Do any of your friends or relatives, other than spouse, work here?.....	<input type="radio"/> Yes	<input type="radio"/> No	
Are you currently employed?.....	<input type="radio"/> Yes	<input type="radio"/> No	
May we contact your present employer?.....	<input type="radio"/> Yes	<input type="radio"/> No	
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status			
<i>Proof of citizenship or immigration status will be required upon employment.....</i>	<input type="radio"/> Yes	<input type="radio"/> No	
Date available for work ____/____/____ What is your desired salary range?_____			
Are you available to work:	<input type="radio"/> Full Time	(please indicate 1 2 3 shift)	
	<input type="radio"/> Part Time	(please indicate Mornings Afternoons Evenings)	
	<input type="radio"/> Temporary	(please indicate dates available ____/____/____ - ____/____/____)	
Are you currently on "lay-off" status and subject to recall?.....	<input type="radio"/> Yes	<input type="radio"/> No	
Can you travel if a job requires it?.....	<input type="radio"/> Yes	<input type="radio"/> No	

EDUCATION/TRAINING

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

EMPLOYMENT HISTORY

Start with your present or last job. 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 From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

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.

ADDITIONAL INFORMATION

Other Skills

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS

(CHECK SKILLS/EQUIPMENT OPERATED)

		Motorized Equipment (list)	Other (list)
___ 10-Key	___ Spreadsheet	_____	_____
___ PC/MAC	___ Word Processing	_____	_____
___ Typewriter	___ Shorthand	_____	_____
WPM ___	WPM ___	_____	_____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. ___ YES ___ NO

REFERENCES

1.		
	(Name)	Phone (Area Code-Number)
	(Address)	
2.		
	(Name)	Phone (Area Code-Number)
	(Address)	
3.		
	(Name)	Phone (Area Code-Number)
	(Address)	

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "*at will*" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "*at will*" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position (s) Applied For is Open: Yes No

Position (s) Considered For: _____

Date _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

_____ INTERVIEWER DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
NAME AND TITLE DATE



MARYSVILLE POLICE DIVISION

125 E. Sixth St., Marysville, Ohio 43040

937-642-3900 Fax 937-642-8439

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize and request all persons to whom this request, (original or reproduction), is presented, having information relating to or concerning myself, to furnish such information to a duly appointed officer of the Marysville Division of Police.

I am aware that this information may be of a personal nature and may otherwise be Protected from disclosure by my constitutional or statutory law privileges. I hereby expressly waive all privileges that may attach to such communication or disclosure. I further release all persons, firms and corporations for any and all claims of any nature, as a result of said communications or disclosure. The records and information obtained will be maintained on file with the City of Marysville in confidentiality, to be utilized for employment purposes only.

INFORMATION TO BE RELEASED OR DISCLOSED:

Personal History, Educational Records, Employment Records, Military Service Records, Financial Records, Criminal History Records, Organizational Memberships, Medical Records (physical and psychological) and any other information pertaining to my consideration for suitability of employment by the City of Marysville.

APPLICANT NAME

SOC. SEC. NUMBER

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SIGNATURE OF APPLICANT GRANTING RELEASE: _____

WITNESS SIGNATURE: _____ DATE: _____

CITY USE ONLY

REQUEST PRESENTED TO:	DATE
OFFICER PRESENTING REQUEST:	