



CITY OF LANCASTER
104 East Main Street
Lancaster, OH 43130
740-687-6676 ~ 740-687-6698 (fax)

APPLICATION FOR EMPLOYMENT

Print clearly and answer all questions.

Qualified applicants for employment are considered for available positions without regard to race, religion, color, gender, national origin, age, disability or other legally protected status.

DATE: _____

APPLICANT INFORMATION

SPECIFIC POSITION APPLYING FOR: _____
(APPLICANT WILL BE CONSIDERED FOR THIS RECRUITMENT ONLY)

Full Name: _____
Last Name First Name Middle Initial

Current Street: _____
Street City State Zip Code

Former Street: _____
Street City State Zip Code
(WITHIN LAST FIVE (5) YEARS)

Current Telephone Number: Home - (____) _____ Day - (____) _____ Cell - (____) _____

E-mail Address: _____

Social Security #: _____

Answer this question only after reviewing a description of the job(s) applied for:

Are you able to perform the functions of the job(s) for which you are applying – with or without accommodation?
___ Yes ___ No.

If you are 18 years of age or younger and still in High School, can you furnish a work permit? ___ Yes ___ No

If hired, on what date can you start work? _____

Have you ever worked for the City of Lancaster? ____ If yes, please indicate department, position and dates employed? _____

Where did you hear about this position? ____Advertisement ____Friend ____ Employment Agency
____ Other (specify Other) _____

What type of work are you available for? ___ Full-time ___ Part-time ___ Temporary ___ Shift Work ___ Overtime

IMMIGRATION AND NATURALIZATION INFORMATION

We employ only United States citizens and aliens lawfully authorized to work in the United States. In compliance with the Immigration Reform and Control Act of 1986, we require all new employees to complete the employment eligibility verification form (I-9) and to provide legally sufficient documentation of identity and employment eligibility.

Are you legally eligible to work in the United States? _____Yes _____No

CRIMINAL INFORMATION

Have you ever been convicted, plead guilty, been found guilty or plead no contest to a criminal offense, including misdemeanors? _____Yes _____No If yes, state specifically what offenses: _____

Have you ever been convicted, plead guilty, been found guilty or plead no contest to any traffic violations? _____Yes _____No If yes, state what offenses: _____

DRIVER INFORMATION

Do you hold a valid Ohio Driver's License? _____ If yes, please circle the applicable classification, endorsements and restrictions.

CDL Class: A B C

Endorsements: M R S T P N H X W

Operator Class: D M1 M2 M3

Endorsements: M R S

Restrictions: A B H L K1 K2 P1 P2 P3 P4

LICENSES, REGISTRATION, CERTIFICATE INFORMATION

<u>License/Certification Issued By</u>	<u>Field/Trade/Specialization</u>	<u>License/Certificate Number</u>	<u>Expires</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

HIGH SCHOOL EDUCATION

High School Graduate? _____ Yes _____ No _____ Year

Name and Location of High School (city and state): _____

GED Certificate Number: _____ GED Issued By: _____

POST-HIGH SCHOOL EDUCATION

(including Technical School, Business School, Professional School, College and University)

<u>School Name & Location</u>	<u>Major Area(s) of Study</u>	<u>Type of Degree/Certification</u>	<u>Year</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Honors Received: _____

List professional, trade, business or civic activities and offices held. (Please exclude groups which indicate race, color, religion, gender, national origin, or disability). _____

Summarize any special skills and qualifications acquired through employment or other experience. _____

Summarize any certifications, apprenticeships, and/or formal training received. _____

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

EXPERIENCE CONTINUED

Employer: _____ Phone (____) _____

Address: _____
Street City State Zip

Job Title: _____ Supervisor's Name and Title: _____

From: ____/____/____ To: ____/____/____ Final Rate of Pay/Salary: _____
Month Day Year Month Day Year

Job Duties: _____

Reason for Leaving: _____

Employer: _____ Phone (____) _____

Address: _____
Street City State Zip

Job Title: _____ Supervisor's Name and Title: _____

From: ____/____/____ To: ____/____/____ Final Rate of Pay/Salary: _____
Month Day Year Month Day Year

Job Duties: _____

Reason for Leaving: _____

REFERENCES

List three references that the City may contact. (No relatives, please)

NAME	ADDRESS	PHONE	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

May we contact your present employer? _____ Yes _____ No

Any offer of employment will be conditioned on the evidence or results of tests deemed necessary by the City of Lancaster with respect to physical condition, ability to work, honesty, driving record check, criminal records check, drug screening, and experience in the work or employment for which you are applying. Information obtained in tests or records checks that is inconsistent with or omitted from this application may result in a withdrawal of an offer of employment.

CERTIFICATION

PLEASE READ AND SIGN BELOW

I certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and complete to the best of my knowledge. I certify that I have personally completed this application. I understand that I am responsible for the correctness of this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I authorize the City of Lancaster to thoroughly investigate my references, work record, education, driving records, criminal record, and other matters related to my suitability for employment and, further, authorize my former employers to disclose to the City of Lancaster, any and all letters, reports and other information related to my work record, without giving me prior notice of such disclosure. I understand that part of the application process is to submit to a pre-employment physical. I understand that in accordance with the Drug-Free Workplace Program, drug and alcohol testing is required. I understand that if I am under the age of 18, I must have a parent or legal guardian sign pre-employment releases and consents. In addition, I release the City of Lancaster, my former employers, and all other persons, corporations, partnerships, and associations from any and all claims, demands, or liabilities arising out of or in anyway related to such investigation or disclosure.

I understand and agree that I may be required to submit to a lie detector test or similar test as a prerequisite to employment with the City of Lancaster or as a condition of continued employment if I am employed.

I understand that nothing contained in the application, or conveyed during any interview which may be granted, is intended to create any employment contract between me and the City of Lancaster. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and that I may be terminated at any time with or without prior notice, at the option of myself or the City of Lancaster. Furthermore, no promises or representation contrary to the foregoing are binding on the City of Lancaster unless made in writing and signed by me and the City of Lancaster.

I further understand that any untruthful or false statements made by me in answering any of the questions in this application for employment, including my past employment history, my references and my prior traffic and criminal arrests and convictions may result in a criminal charge filed against me pursuant to O.R. C. 2921.13 "A" "8," a first degree misdemeanor. Intentional failure to include information that is specifically requested shall be considered a false statement. I further understand that any further processing of my application that occurs based on my false statements shall serve as sufficient basis that the statement was relied upon to the Personnel employees detriment.

Signature of Applicant

Date

Parent/Guardian Signature if Applicant is Minor

Date

DRUG-FREE WORKPLACE

EQUAL OPPORTUNITY EMPLOYER

CHECK IF APPLICABLE

DISABILITY

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

____ Yes ____ No

CHECK IF APPLICABLE

VETERAN STATUS

Are you a Veteran? ____ Yes ____ No

____ Disabled Veteran

____ Vietnam Era Veteran

____ Desert Storm/Shield Veteran

____ Operation Iraqi Freedom Veteran

TO CITY PERSONNEL: Detach and store separately.