

NAME OF LAST NEW FRANKLIN SUPERVISOR _____

EDUCATION AND TRAINING

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED

1 2 3 4 5 6 7 8
GRADE SCHOOL

9 10 11 12
HIGH SCHOOL

1 2 3 4 5 6
COLLEGE/UNIVERSITY

1 2 3 4
TRADE/TECH

WHAT WAS THE NAME OF THE GRADE SCHOOL YOU ATTENDED? _____

WHAT WAS THE LOCATION OF THE GRADE SCHOOL YOU ATTENDED? _____

WHAT WAS THE NAME OF THE HIGH SCHOOL YOU ATTENDED? _____

WHAT WAS THE LOCATION OF THE HIGH SCHOOL YOU ATTENDED? _____

WHAT WAS THE NAME OF THE COLLEGE/UNIVERSITY YOU ATTENDED? _____

WHAT WAS THE LOCATION OF THE COLLEGE/UNIVERSITY YOU ATTENDED? _____

WHAT WAS THE NAME OF THE TRADE/TECHNICAL SCHOOL YOU ATTENDED? _____

WHAT WAS THE LOCATION OF THE TRADE/TECHNICAL SCHOOL YOU ATTENDED? _____

WHAT SUBJECTS HAVE YOU STUDIED, WHAT EXTRACURRICULAR ACTIVITIES DID YOU PARTICIPATE IN, OR WHAT SPECIAL SKILLS HAVE YOU ACQUIRED WHICH MIGHT BE HELPFUL IN THE JOB FOR WHICH YOU ARE APPLYING?

EMERGENCY CONTACT

IN CASE OF EMERGENCY NOTIFY _____

NAME

ADDRESS

PHONE NUMBER

WORK EXPERIENCE

BEGINNING WITH YOUR PRESENT/MOST RECENT EMPLOYER, DESCRIBE YOUR EMPLOYMENT EXPERIENCES BELOW.

ARE YOU PRESENTLY EMPLOYED? ____ YES ____ NO

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? ____ YES ____ NO IF YES, WHERE? _____

WORK EXPERIENCE (continued)

1. NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____ PHONE NUMBER: _____

STARTING POSITION: _____ PAY \$ _____

FINAL POSITION: _____ PAY \$ _____

DATES EMPLOYED: FROM _____ TO _____ SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____ SUPERVISOR'S PHONE NUMBER: _____

DESCRIPTION OF YOUR WORK RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

WILL YOU RECEIVE A SATISFACTORY REFERENCE FROM THIS EMPLOYER? ___YES ___NO IF NO, PLEASE EXPLAIN: _____

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? ___YES ___NO IF NO, PLEASE EXPLAIN: _____

2. NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____ PHONE NUMBER: _____

STARTING POSITION: _____ PAY \$ _____

FINAL POSITION: _____ PAY \$ _____

DATES EMPLOYED: FROM _____ TO _____ SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____ SUPERVISOR'S PHONE NUMBER: _____

DESCRIPTION OF YOUR WORK RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

WILL YOU RECEIVE A SATISFACTORY REFERENCE FROM THIS EMPLOYER? YES NO IF NO, PLEASE EXPLAIN: _____

3. NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____ PHONE NUMBER: _____

STARTING POSITION: _____ PAY \$ _____

FINAL POSITION: _____ PAY \$ _____

DATES EMPLOYED: FROM _____ TO _____ SUPERVISOR'S NAME: _____

SUPERVISOR'S TITLE: _____ SUPERVISOR'S PHONE NUMBER: _____

DESCRIPTION OF YOUR WORK RESPONSIBILITIES: _____

REASON FOR LEAVING: _____

WILL YOU RECEIVE A SATISFACTORY REFERENCE FROM THIS EMPLOYER? YES NO IF NO, PLEASE EXPLAIN: _____

4. NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____ PHONE NUMBER: _____

5. NAME OF PRESENT OR LAST EMPLOYER: _____

ADDRESS _____
STREET CITY STATE ZIP

TYPE OF BUSINESS: _____ PHONE NUMBER: _____

ADDITIONAL PERSONAL INFORMATION

DO YOU HAVE ANY LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE UNITED STATES? YES NO

IF NO, HAVE YOU APPLIED FOR THE LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE UNITED STATES? YES NO

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? YES NO

IF YES, PLEASE EXPLAIN: _____

ADDITIONAL PERSONAL INFORMATION (continued)

IF THE JOB FOR WHICH YOU ARE APPLYING MIGHT REQUIRE YOU TO DRIVE CITY VEHICLES, DO YOU HAVE A VALID DRIVER'S LICENSE? ___YES ___NO LICENSE NUMBER: _____ STATE: _____

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE? ___YES ___NO

IF THE JOB FOR WHICH YOU ARE APPLYING MIGHT REQUIRE YOU TO DRIVE CITY VEHICLES, HAVE YOU HAD ANY ACCIDENTS IN THE LAST FIVE YEARS? ___YES ___NO

IF THE JOB FOR WHICH YOU ARE APPLYING MIGHT REQUIRE YOU TO DRIVE CITY VEHICLES, HAS YOUR DRIVER'S LICENSE EVER BEEN SUSPENDED, REVOKED, DENIED OR CANCELED? ___YES ___NO

IF YES, PLEASE EXPLAIN: _____

MILITARY EXPERIENCE

COMPLETING THIS SECTION OF THE APPLICATION IS OPTIONAL. LEAVE THIS AREA BLANK IF YOU DO NOT WISH TO ANSWER.

HAVE YOU EVER BEEN IN THE UNITED STATES ARMED FORCES? ___YES ___NO

IF YES, WHAT BRANCH _____

DESCRIBE ANY SKILLS YOU ACQUIRED IN THE ARMED SERVICES WHICH WOULD BE USEFUL TO THE JOB FOR WHICH YOU ARE APPLYING: _____

REFERENCES

COMPLETING THIS SECTION OF THE APPLICATION IS OPTIONAL. LEAVE THIS AREA BLANK IF YOU DO NOT WISH TO ANSWER.

LIST THE NAMES OF ANY PROFESSIONAL OR PERSONAL CHARACTER REFERENCES WHO HAVE KNOWN YOU FOR THE LAST THREE (3) YEARS AND FROM WHOM YOU CAN OBTAIN LETTERS OF RECOMMENDATION. PLEASE DO NOT LIST RELATIVES.

1. NAME: _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER: _____ OCCUPATION: _____

RELATIONSHIP TO APPLICANT: _____

2. NAME: _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER: _____ OCCUPATION: _____

RELATIONSHIP TO APPLICANT: _____

3. NAME: _____

ADDRESS _____
STREET CITY STATE ZIP

PHONE NUMBER: _____ OCCUPATION: _____

RELATIONSHIP TO APPLICANT: _____

PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY

NOTE: FOR PURPOSES OF BREVITY, THE "CITY OF NEW FRANKLIN, IN SUMMIT COUNTY, OHIO," SHALL HEREINAFTER BE REFERRED TO AS "THE CITY."

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO EACH OF THE FOLLOWING STATEMENTS:

ALL OF THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE, AND I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT, IF KNOWN TO *THE CITY*, WOULD AFFECT MY APPLICATION UNFAVORABLY.

IF I AM HIRE BY *THE CITY*, AND IF *THE CITY* DISCOVERS AT ANY TIME DURING MY EMPLOYMENT THAT ANY OF THE STATEMENTS OR ANSWERS ON THIS APPLICATION ARE FALSE, MISLEADING, OR INCOMPLETE, I MAY BE DISMISSED IMMEDIATELY FROM MY JOB.

THIS EMPLOYMENT APPLICATION WILL BE CONSIDERED ACTIVE FOR ONE (1) YEAR FROM THE DATE BELOW. IF I WANT TO BE CONSIDERED FOR A JOB WITH *THE CITY* AFTER THIS PERIOD, I MUST FILL OUT ANOTHER APPLICATION.

IF OFFERED A POSITION, I AGREE TO SUBMIT TO POST-OFFER PRE-EMPLOYMENT TESTING FOR DRUGS OR ALCOHOL PRIOR TO BEGINNING WORK FOR THE CITY, AND I UNDERSTAND THAT A POSITIVE TEST WILL FORM THE BASIS FOR RESCISSION OF ANY JOB OFFER. I UNDERSTAND THAT IF I AM EMPLOYED BY THE CITY, I MAY BE REQUIRED, WHEN JOB RELATED AND CONSISTENT WITH THE CITY'S BUSINESS NEEDS, TO UNDERGO A MEDICAL EXAMINATION OR TESTING FOR ALCOHOL. I FURTHER UNDERSTAND THAT I MAY BE REQUIRED TO SUBMIT TO A TEST FOR THE USE OF ILLEGAL DRUGS AT ANY TIME, IN CONSIDERATION OF MY EMPLOYMENT WITH THE CITY, I AGREE TO ABIDE BY ALL OF THE CITY'S POLICIES, PROCEDURES, RULES AND REGULATIONS.

I UNDERSTAND THAT NOTHING IN THIS EMPLOYMENT APPLICATION CREATES A CONTRACT OF EMPLOYMENT BETWEEN ME AND THE CITY. IF I AM HIRED BY THE CITY, MY EMPLOYMENT AND COMPENSATION ARE "AT WILL," WHICH MEANS THAT MY EMPLOYMENT CAN BE TERMINATED, EITHER BY THE CITY OR BY ME, WITH OR WITHOUT CAUSE, AND WITH OR WITHOUT NOTICE. I UNDERSTAND THAT NO DEPARTMENT HEAD, SUPERVISOR, NOR COUNCIL MEMBER HAS THE AUTHORITY TO MAKE ANY EMPLOYMENT AGREEMENT WITH ME, EITHER ORALLY OR IN WRITING, WHICH IS NOT AN AT-WILL AGREEMENT. ONLY THE CITY HAS THE AUTHORITY TO ENTER INTO AN EMPLOYMENT AGREEMENT WITH ME FOR ANY SPECIFIED PERIOD OF TIME.

I AGREE TO RELEASE THE CITY, OR ITS DESIGNATED AGENTS, ALL MEDICAL INFORMATION, INCLUDING BUT NOT LIMITED TO FILES, REPORTS, X-RAYS, EVALUATIONS, AND OPINIONS HELD BY MEDICAL PERSONNEL, TO THE EXTENT SUCH INFORMATION IS JOB RELATED AND CONSISTENT WITH THE CITY'S BUSINESS NEEDS. I ACKNOWLEDGE THAT THIS IS A GENERAL RELEASE THAT IF HIRED, IT REMAINS IN EFFECT FOR THE DURATION OF MY EMPLOYMENT PERIOD.

IN THE EVENT OF MY PERSONAL INDEBTEDNESS TO THE CITY, I AUTHORIZE THE CITY TO WITHHOLD FROM MY WAGES SUCH AMOUNTS AS PERMITTED BY LAW, TO SATISFY MY OBLIGATION TO THE CITY.

I GIVE THE CITY MY PERMISSION TO CONDUCT ANY INVESTIGATION REGARDING THE INFORMATION CONTAINED IN MY EMPLOYMENT APPLICATION, WHICH THE CITY THINKS NECESSARY TO DETERMINE MY QUALIFICATIONS FOR ASSUMING A JOB WITH THE CITY. I GIVE THE CITY MY PERMISSION TO CONTACT ANY FORMER EMPLOYER, SCHOOL, COLLEGE OR UNIVERSITY, UTILITY COMPANY, CREDIT OR FINANCE BUREAU OR OFFICE, ANY PERSONAL OR PROFESSIONAL REFERENCE, OR ANY OTHER APPROPRIATE SOURCE OR INDIVIDUAL FOR THE PURPOSE OF GATHERING ANY INFORMATION, PERSONAL OR OTHERWISE, THAT SUCH SOURCES MAY HAVE ABOUT MY CHARACTER, GENERAL REPUTATION, CREDIT, EDUCATION, OR EMPLOYMENT RECORD, AND I GIVE MY CONSENT TO ANY SUCH SOURCE TO RELEASE TO THE CITY WHATEVER INFORMATION THEY HAVE ABOUT ME. I ALSO UNCONDITIONALLY RELEASE ALL NAMED AND UNNAMED SOURCES FROM ANY AND ALL LIABILITY THAT MIGHT RESULT FROM FURNISHING INFORMATION ABOUT ME.

DATE: _____

SIGNATURE: _____

STATE OF OHIO, SUMMIT COUNTY, ss:

Before me, a Notary Public, in and for said County, personally appeared _____

Who acknowledges that he/she did sign the foregoing instrument and that the same is his/her free act and deed.

IN TESTIMONY WHEREOF, I have hereunto affixed my name and official seal at _____,

Ohio, this _____ day of _____, 20_____.

SEAL

Notary Public

Commission Expires _____, 20_____