



**EMPLOYMENT APPLICATION**

**THE CITY OF WATERVILLE IS AN EQUAL OPPORTUNITY EMPLOYER**

Position Applied For \_\_\_\_\_ Date \_\_\_\_\_

**APPLICANT INFORMATION**

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street Address Apartment/Unit #  
City State ZIP Code E-Mail Address

Phone \_\_\_\_\_ Alt. Phone \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_

Are you at least 18 years of age ? YES NO Are you a citizen of the United States or otherwise legally eligible to work in the U. S. ? YES NO  
*If are you under the age of 18, a work permit may be required*

Have you ever been convicted of a Felony ? YES NO If "YES," please explain using additional space on Page 3

Have you previously applied to the City of Waterville? YES NO If yes, when ? \_\_\_\_\_

Have you ever been employed by the State of Ohio or any county or municipality in Ohio ? YES NO  
If "YES," please list the location of previous municipal or state employment in Ohio \_\_\_\_\_

**EMPLOYMENT PREFERENCE**

**PLEASE DESCRIBE, IN ONE OR TWO SENTENCES, THE TYPE AND NATURE OF EMPLOYMENT YOU ARE SEEKING.**

Position Desired Full Time Part Time No Preference Type of Position Permanent Intermittent Temporary Seasonal No Preference

Desired Salary \$ \_\_\_\_\_ Date Available \_\_\_\_\_ Are you able to perform all job-related functions of the specific position for which you are applying ? YES NO

Do you currently possess a valid Ohio Driver's License ? YES NO Commercial Driver's License ? YES NO

Are you willing and able to secure any license or certification required for this position ? YES NO If necessary, can you supply your own transportation for work use ? YES NO

**MILITARY SERVICE**

**THIS SECTION IS OPTIONAL**  
**COMPLETE ONLY IF YOU ARE CLAIMING A VETERAN'S PREFERENCE**

Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

## PREVIOUS EMPLOYMENT

**LIST ALL EMPLOYMENT AND WORK EXPERIENCE DURING THE PAST 20 YEARS, IN DATE ORDER. BEGIN WITH YOUR CURRENT OR MOST RECENT EMPLOYMENT. OMISSION OF ANY EMPLOYMENT DURING THE PAST 20 YEARS MAY BE GROUNDS FOR DISQUALIFICATION. USE ADDITIONAL SHEETS, IF NECESSARY.**

Current Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Current Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

Starting Date \_\_\_\_\_ May we contact your supervisor for a reference ? YES NO

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

Previous Employer \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ Supervisor \_\_\_\_\_

Job Title \_\_\_\_\_ Starting Salary \$ \_\_\_\_\_ Ending Salary \$ \_\_\_\_\_

Responsibilities \_\_\_\_\_

From \_\_\_\_\_ To \_\_\_\_\_ Reason for Leaving \_\_\_\_\_

**~ USE ADDITIONAL SHEETS, IF NECESSARY ~**

## EDUCATION

High School \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate ? YES NO

College \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate ? YES NO Degree \_\_\_\_\_

Technical School \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate ? YES NO Degree \_\_\_\_\_

Additional School \_\_\_\_\_ City/State \_\_\_\_\_

Did you graduate ? YES NO Degree \_\_\_\_\_

**PLEASE DESCRIBE COURSES YOU COMPLETED OR TECHNICAL TRAINING YOU RECEIVED WHICH YOU BELIEVE WILL HELP YOU PERFORM THE JOB FOR WHICH YOU ARE APPLYING. INCLUDE SPECIAL MACHINERY OR EQUIPMENT YOU ARE QUALIFIED TO OPERATE, HOBBIES OR VOLUNTEER WORK PROJECTS WHICH TAUGHT YOU QUALIFYING SKILLS.**

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## REFERENCES

**PLEASE LIST THREE REFERENCES NOT RELATED TO YOU**

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

## ADDITIONAL EXPLANATION / INFORMATION

**USE THIS SPACE FOR ANY ADDITIONAL EXPLANATION OR INFORMATION PERTINENT TO YOUR APPLICATION FOR EMPLOYMENT**

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**ACKNOWLEDGEMENT AND SIGNATURE**

1. *I understand and accept that if selected for employment, my employment may be conditioned upon my passing any medical examination the City of Waterville deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol or substance abuse testing.*

\_\_\_\_\_  
*Initials*

2. *If employed I understand and accept that, depending upon the department to which I am applying for employment, I may be required to work evening shifts, nights shifts, weekends, and may be on-call to work mandatory overtime hours.*

\_\_\_\_\_  
*Initials*

3. *I understand and accept that if any information required in this application is found to be false or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the City of Waterville, I may be subject to disciplinary action, including termination, if any information required by this application had been falsified or intentionally omitted.*

\_\_\_\_\_  
*Initials*

4. *I understand and accept that the various law enforcement and informational agencies that share information with the City of Waterville require that the City's employees do not possess a record of prior unlawful activities. Therefore I understand and accept that, depending on the department to which I am applying for employment, it may be necessary for the City of Waterville to investigate my background for evidence of prior criminal activity.*

\_\_\_\_\_  
*Initials*

**I SOLEMNLY SWEAR THAT ALL INFORMATION FURNISHED IN THIS APPLICATION FOR EMPLOYMENT IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE THE CITY OF WATERVILLE TO FULLY INVESTIGATE ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY RESULT IN WITHDRAWAL OF ANY OFFER OF EMPLOYMENT, OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE CITY OF WATERVILLE WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.**

**I hereby authorize the employers, schools and other references named in this application to provide information regarding me, and to release personnel, academic or other records concerning myself, to the City of Waterville.**

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*