

Employment Application



HUMAN RESOURCES DIVISION

CITY OF WOOSTER

538 N. Market St.

Wooster, OH 44691

e-mail: HR@woosteroh.com

Fax No. 330-263-5213

Equal Opportunity Employer

This application will not be considered for employment with the City, unless all information requested is completed on this form. Your résumé may be attached after the information is provided on this form. A résumé is not a substitute for the completion of this form. ALL CONTACT WITH APPLICANTS IS BY E-MAIL. PLEASE PROVIDE A VALID E-MAIL ADDRESS.

Please Print Legibly

Date of Application _____

Position applied for: _____

Type of Position applied for: full-time part-time temporary seasonal

When are you available for work? _____
Month/Day/Year

Name _____
Last Maiden First Middle

Home Address _____
Number Street City State Zip County

Home Phone Number _____ Social Security Number _____

Cell Phone Number _____ Date of Birth _____

E-mail Address _____

List all residence addresses within the past ten years:

Dates	Number/Street	City	State	Zip	County

Have you ever been employed by the City of Wooster? Yes No

Dates: From _____ to _____ Position _____

Have you ever been employed by another Ohio public employer? Yes No

Dates: From _____ to _____ Name of employer: _____

Do you possess a valid State of Ohio driver's license? Yes No _____ License No.

Do you possess a valid Commercial Driver's Endorsement Yes No _____ Type

Do you possess a valid driver's license in another state? Yes No _____ License No.

Have you ever been convicted of a crime, other than a minor misdemeanor? Note: OVI/DUI is a misdemeanor. Yes No

If "yes", describe in full _____

Professional References

[Do not include persons related to you by blood or marriage.]

Name and Occupation	Full Address	Phone Number

Education

School Name and City/State	Elementary	High School	College/University	Graduate/Professional
	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Course Of Study:				
List: Specialized Training, Apprenticeship, Skills, etc.				
<i>You must provide a transcript of your grades from the school you attended most recently, and a diploma copy for the last school from which you graduated.</i>				

Military Service

Have you ever served in the United States Military? Yes No

Branch of Service: _____

Reserve Obligation? Yes No If yes, when does the obligation expire? _____

Current Military Status: _____

Type of Discharge: _____

You must provide a copy of your DD-214 [Member-4 copy] when you submit your application. You may also submit a copy of your DD-256, but it is not a substitute for the DD-214.

Employment Experience

List each job held since age 18. Start with your current or last job. Include military service assignments and internships, if applicable. Use extra sheets of paper, if necessary to list all jobs.

Employer	Dates		Duties
	From	To	
Address			
Job Title	Phone	Hourly Rate/Salary	
		Starting Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Duties
	From	To	
Address			
Job Title	Phone	Hourly Rate/Salary	
		Starting Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Duties
	From	To	
Address			
Job Title	Phone	Hourly Rate/Salary	
		Starting Final	
Supervisor			
Reason for Leaving			
Employer	Dates		Duties
	From	To	
Address			
Job Title	Phone	Hourly Rate/Salary	
		Starting Final	
Supervisor			
Reason for Leaving			

May we contact your current or most recent employer? Yes No

If not, why not? _____

List other skills and qualifications not noted that are pertinent to the position for which you have applied: _____

Are you currently on a lay-off with another employer, and subject to recall? Yes No

If "yes", please indicate name of employer: _____

ACKNOWLEDGEMENT AND STATEMENT

I acknowledge that: [1] my application will remain on file for one year; and [2] I will not be considered for a position unless my education and experience comport with the vacant position's requirements.

I further acknowledge that the information which I provided on this application is true and complete to the best of my knowledge.

I hereby authorize the City of Wooster and/or its agents and employees to investigate any and all statements contained in this application for employment, as might be necessary in arriving at an employment decision.

If I am hired, I understand that I am required to abide by all rules and regulations of the City, both as to the employee selection process and as to any future employment with the City. Furthermore, I understand that any false or misleading information given in my application, background investigation, or interview[s] could result in the termination of my employment.

Applicant Signature _____ **Date** _____

For City Use Only

Comments: _____

For Human Resources Division Use Only

Remarks: _____

Employed: Yes No

Hire date: _____

Job Title: _____

Hourly Rate/Salary: _____

Division: _____

Department: _____

Applicant Data Record



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This form is *not* part of your Employment Application, and you are not required to complete it. If you do, it will be kept in a separate confidential file not subject to disclosure. It is your choice to complete this form. If choose not to complete it, you will not be subject to any adverse result. The persons who make the employment decisions do not have access to this form.

Applicants are considered for all positions, and employment decisions are made without regard to race, color, religion, sex, national origin, age, military status, medical or disabling condition, or any other legally protected status.

As an employer with an Affirmative Action Program, the City of Wooster complies with government regulations, including Affirmative Action statutes and rules, where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to federal and state government regarding applicant ethnicity and protected class.

Please Print

Date _____

Name		
Address		
City	State	Zip
Social Security No.		

	Current Job, if any		
	Check One:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
			Date of birth:
	Check one of the following (Ethnic Origin):		
	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic, Latino	<input type="checkbox"/> Native American/Alaskan Native
	<input type="checkbox"/> Black	<input type="checkbox"/> South Asian	<input type="checkbox"/> East Asian/Pacific Islander
	<input type="checkbox"/> Other [please list]		