



# CITY OF CLINTONVILLE

## EMPLOYMENT APPLICATION

The City of Clintonville is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of the City of Clintonville to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race, color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, the City of Clintonville intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

### PLEASE PRINT PLAINLY—BE SURE TO SIGN THIS APPLICATION

Date: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

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

Address \_\_\_\_\_  
No. Street City State Zip

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Have you been previously employed by the City of Clintonville?  Yes  No

If yes, when? \_\_\_\_\_ In what capacity? \_\_\_\_\_

Have you ever applied here before?  Yes  No If yes, when? \_\_\_\_\_

Who referred you to the City of Clintonville:  Advertisement  Job Service  Employment Agency  Other \_\_\_\_\_  Friend/Relative \_\_\_\_\_

### EMPLOYMENT DESIRED

Position(s) applied for \_\_\_\_\_  Full time  Part time

If part time, what days and hours are you available? \_\_\_\_\_

Date available to start \_\_\_\_\_ Salary requirement \_\_\_\_\_

### PERSONAL DATA

Are you a United States citizen or do you have an entry permit which allows you to lawfully work in the U.S.?  Yes  No

Have you ever been convicted of a felony?  Yes  No (Conviction will not necessarily disqualify you from employment)

If yes, explain \_\_\_\_\_

### MILITARY

Branch \_\_\_\_\_ What were your duties \_\_\_\_\_

Dates in the Service \_\_\_\_\_ Did you receive any specialized training?  Yes  No

If yes, describe \_\_\_\_\_



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## EDUCATION

Name and Location of School	No./Years Completed	Did you Graduate	Course of Study	Degree
High School _____	_____	_____	_____	_____
College _____	_____	_____	_____	_____
Other _____	_____	_____	_____	_____

List any special skills or qualifications which you feel are relevant to the job for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_

## EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer:

May we communicate with your present employer?  Yes  No

Company Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_  
Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_



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Company Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Company Name \_\_\_\_\_ Telephone No. \_\_\_\_\_

Address \_\_\_\_\_ Employed from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of Supervisor \_\_\_\_\_ Hourly Pay: Start \_\_\_\_\_ Last \_\_\_\_\_

Position and Responsibilities \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Please read the following statements carefully before you sign your name.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references, past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement, or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment, without liability to the City of Clintonville. This includes furnishing a false name or social security number. I have read, understand and agree to the above statement. (Please initial here). \_\_\_\_\_

I further understand that no representative of the City of Clintonville has the authority to enter into any agreement for employment for any specified period of time and that the City of Clintonville is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by the City of Clintonville, and, if hired, my employment will be at will and may be terminated at any time without prior notice. I have read, understand and agree to the above statement. (Please initial here). \_\_\_\_\_

If employed, I agree to abide by all of the work and safety rules of the City of Clintonville. I understand that the City of Clintonville is committed to maintaining a drug-free workplace. I am aware that the City of Clintonville may require a drug test as a part of the hiring process. Also, if employed, I realize that the City of Clintonville conducts post-accident and/or reasonable suspicion drug and alcohol testing of its employees. I have read, understand and agree to the above statement. (Please initial here). \_\_\_\_\_

I understand that this application will remain on file for 60 days for consideration. After 60 days, if I am still interested in a position with the City of Clintonville, it will be necessary for me to complete a new application form.

SIGN HERE \_\_\_\_\_ DATE \_\_\_\_\_