

CITY OF OAKWOOD

Employment Application



APPLICANT INFORMATION									
Last Name		First			M.I.	Date			
Street Address				Apartment/Unit #					
City			State		ZIP				
Phone			E-mail Address						
Date Available				Social Security No.					
Position Applied for									
Are you a citizen of the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?			YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever filed an application with us before?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?					
Are you currently employed?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, where?					
If yes, can you we contact your current employer?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, explain?					
Have you ever been convicted of a felony?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain					
EDUCATION									
High School									
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other				Address					
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
<i>Please list three professional references.</i>									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									
Full Name				Relationship					
Company				Phone					
Address									

Indicate any foreign language(s) you can speak, read and/or write

	Fluent	Good	Fair
Speak			
Read			
Write			

Describe any specialized training, apprenticeship, skills and extra-curricular activities you think should be considered for the position applied:

PREVIOUS EMPLOYMENT

Company		Phone	
Address		S u p e r v i s o r	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		S u p e r v i s o r	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	

Address		S u p e r v i s o r	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
MILITARY SERVICE			
Branch		From	To
Rank at Discharge		Type of Discharge	
If other than honorable, explain			

DISCLAIMER AND SIGNATURE	
<p>I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed (6) months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of "at will" nature, which means that employment may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.</p> <p>In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand also, that I am required to abide by all rules and regulations of the employer.</p>	
Signature	Date