

APPLICATION FOR EMPLOYMENT

Human Resources Department, 1368 Research Park Drive, Beavercreek, Ohio 45432 Phone: (937) 320-7387 Fax: (937) 427-5545 Email: hr@beavercreekohio.gov Salary Expected: ____/ Hour Positions Desired: Full Time Part Time Seasonal Internship Application Date: Date Available for Work: Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation during the application and/or interview process should notify a representative of the Human Resources Department. Applications are kept on file for one year. Please keep a copy for your files. Please answer all questions accurately and completely. Incomplete applications may be disqualified. By signing this application, you are affirming that all information you provide is accurate and complete. How did you learn about us/this job? (Check One) Advertisement Friend/Relative City/Employee City Website Walk-in Other **Applicant Information** First Name Middle Initial Last Name Social Security No.: _____ Address: City State Zip Cod
Work Phone No.: (____)___ Zip Code Telephone No.: () Cell/Other: () E-mail Address: If necessary, best time to call you at home: _____ a.m. _ p.m. _ Anytime _ May we contact you at work? Yes ☐ No ☐ **General Information** Are you now, or have you ever been employed with the City of Beavercreek? Yes No If yes, please give date(s) and position(s). Do you have relatives employed by the City? Yes \(\square\) No \(\square\) If yes, please give name, relationship, and department. Are you at least 18 years old? Yes ☐ No ☐ If you are under 18 and it is required, can you furnish a work permit? Yes \(\square\) No \(\square\) Are you lawfully eligible to work in the United States? Yes \(\square\) No \(\square\)

Do you have a valid Ohio Drivers License? Yes	No ☐ Operator's ☐ CDL ☐ Endorsements: Yes ☐ No ☐
Drivers License No.: Exp	iration:
Have you ever had your license suspended? If yes, p	lease explain.
Note: You may be disqualified from employment in criminal background check reveal a particular criminal	certain positions with the City of Beavercreek if the results of the l history.
Employment History	
In this section, please describe the duties you have p knowledge, skills, and abilities to perform the duties of	erformed in previous positions, which demonstrate that you have the f the job for which you are applying.
	t and list each job separately, extending for a period of 10 years. all pages of work history may be attached, if necessary.
A resume is not a substitute for this section of the	e application. If additional space is required, please enclose an attachment.
May we contact this employer? Yes \(\square\) No \(\square\)	Telephone No.: ()
Employer:	Position Title:
Address:	City State Zip Code
Starting Salary: Ending Salary:	City State Zip Code Start Date: End Date:
Supervisor's name and title:	
Duties & Responsibilities:	
December leaving	
Reason for leaving:	
May we contact this employer? Yes No	Telephone No.: ()
Employer:	· · · · · · · · · · · · · · · · · · ·
Address:	
	City State Zip Code Start Date: End Date:
Duties & Responsibilities:	
Reason for leaving:	
May we contact this employer? Yes \(\square\) No \(\square\)	Telephone No.: ()
Employer:	
Address:	
	City State Zip Code

Starting Salary:	Ending	Salary:		_ Start [Date:		End Date: _		
Supervisor's name and title	o:								
Duties & Responsibilities:									
Reason for leaving:									
May we contact this employ	ver? Yes	No 🗌	Teleph	one No.:	()				
Employer:									
Address:									
Starting Salary:			Citv	_ Start [State Date:		Zip Code End Date:		
Supervisor's name and title	e:								
Duties & Responsibilities:									
Reason for leaving:									
Education and Traini	ng								
Check the highest school g	rade complet	ed.							
High School: 9 10] 11 🔲 1	2 <u>Co</u>	llege: 13] 14 [] 15 [] 16	17 🗌	18 🗌 19 🔲	
Name of School	Address	SS			Semes		Credits Completed Semester/Quarter	ster/Quarter Certificate	
							Hours	Earned	
List any job-related schools as an attachment.)	s attended or	vocational ti	raining rece	eived. (If	additional	space	e is required, plea	se list separately	
Name of School		Date(s)		Туре		Туре	/pe of Training		
List any professional licens	es or certifica	ites.				l			
Title of license or certificate			Issuing	ssuing Agency			Date Issued/Date of Expiration		

Special Skills: Typing (wpm) Ca	alculator	Excel Outlook Access				
Other (Specify):						
Heavy Equipment Tools:						
References (Relatives are	not acceptable refere	nces)				
Name & Title	Occupation	Address (Include City, State & Zip Code)	Phone No.			
	A. the mine ties. O. Del					
Certification of Information	on, Authorization & Re	lease				
ALL APPLICANTS: Please read the	following and address any questi	ons to the Human Resources Representative be	efore signing.			
I affirm that the information provided on this application and any accompanying documents is true and complete to the best of my knowledge. I understand that, if I am employed by the City of Beavercreek, its subsequent discovery of any false statements, significant omissions, or misleading information provided by me in connection with this application may result in termination of my employment.						
I authorize investigation of all statements contained in this application and any accompanying documents as may be necessary in arriving at an employment decision. I also understand that the city will perform a background check on me. I authorize this background check and also authorize all personnel, schools, companies, corporations, and law enforcement agencies to supply the City of Beavercreek with any and all pertinent information they may have about me. I release the same from any liability in connection with their provision of such information.						
I understand that the City of Beavercreek may be required to submit/release this application and its accompanying documents, in response to a public records request. I release the City of Beavercreek and its agents, from any liability that may result from submitting/releasing such information.						
I acknowledge that the City of Beavercreek may require, as a condition of any offer of employment that is made, or for continued employment, that I undergo a medical exam, drug testing, or alcohol testing, and I consent and agree to any such exam, if required now or in the future. I understand that a satisfactory drug test result is a condition of employment with the City.						
I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. I further understand that all persons hired must submit satisfactory proof of employment authorization and identity. I agree to have necessary documents promptly available for inspection as required by law.						
I understand that this application is not a contract of employment. If employed, I understand that I will be required to abide by the City of Beavercreek's Rules and Regulations. I understand that the City of Beavercreek follows an "employment at will" policy, in that I or the City may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the City Manager.						
I understand that the City of Beavercre	eek is an Equal Opportunity Emplo	yer.				
By signing below, I acknowledge that therein.	have read and understand the al	pove notice, and I authorize the pre-employment	t checks and tests listed			
Signature of Applicant	Date	3				

EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

Applicants for employment are requested, but not required, to provide the following supplementary data. Availability of this data assists in the maintenance of an Equal Employment Opportunity Program. Please <u>DO NOT</u> place your name on this form.

THIS FORM IS VOLUNTARY AND DOES NOT AFFECT YOUR EMPLOYMENT STATUS.

Position:
Full-time Part-time Seasonal
Date of Application:
Race or Ethnic Origin: Caucasian
Sex: M F

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM.