



APPLICATION FOR EMPLOYMENT

All applicants will be considered for employment without regard to race, religion, color, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other status protected by law. We are an Equal Opportunity Employer.

PERSONAL

(Please print)

Date _____

Name _____ Soc. Sec. # _____

Address _____
Number Street City State ZipTelephone No. _____ Referred by ☐ Job Posting ☐ Emp. Agency ☐ Friend or Relative ☐ No OneAre you over 18 years of age? ☐ Yes ☐ No **If NO, a work permit will be required.**Are you legally eligible for employment in the United States? ☐ Yes ☐ No (If hired, verification will be required by law.)Position you are applying for: LABOR II – SANITATION DEPARTMENT ☐ Full Time ☐ Part Time

Date you are available to start work: _____ Salary or Wages desired: \$ _____ hr.

Have you worked for us before? ☐ Yes ☐ No If YES, when? _____ Position _____

Indicate special training, qualifications, or skills (equipment, machinery, types of office skills) _____

Indicate any name(s) you have used, other than your present name _____

Do you currently have a valid Ohio Driver's License? ☐ Yes ☐ No

Operator's License # _____ CDL # _____ License Expiration Date _____

List any traffic violation convictions, including date, place of occurrence, violation and disposition (exclude parking violations):

Have you ever been convicted of a felony? ☐ Yes ☐ No If YES, list convictions:

Include date and court record. (A conviction does not necessarily disqualify an applicant for the position being applied for.)

EDUCATION

Name & Location of School	Course of Study	Years Completed	Did you Graduate?
Elementary			
High School			
College	Major		
	Degree		
Other			

PRIOR EMPLOYMENT

(Start with most recent employer, attach list for additional employers if needed)

Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	
Employer	Phone	From:	To:
Address:	City, State, Zip	Position:	
Duties		Supervisor's Name:	
		Starting Salary/Wages:	
Reason for leaving:		Final Salary/Wages:	

MILITARY SERVICE

BRANCH OF SERVICE	FROM	TO	RANK AND DUTIES	DATE DISCHARGED

PERSONAL REFERENCES

NAME	ADDRESS	YEARS KNOWN	TELEPHONE

CERTIFICATION (READ CAREFULLY BEFORE SIGNING)

I hereby authorize the City to conduct an investigation concerning all statements contained in my application for employment, to interview all employers, and to conduct any other investigation that it deems appropriate. I request any duly constituted law enforcement agency or judicial officer to furnish the City with all information pertaining to me concerning convictions and arrests for which convictions were obtained and I hereby release the City and any law enforcement agency, judicial officer, or other individual from any liability arising from disclosure of such information pertaining to me which is obtained during said investigation.

The Fair Credit Reporting Act (Public Law 91-588) requires that we advise you that a routine inquiry may be made into an applicant's background. If a Consumer Reporting Agency is engaged in the investigation, information relevant to the nature and scope of the inquiry, if one is made, will be provided upon applicant's written request.

I CERTIFY THAT ANY AND ALL STATEMENTS WHICH I HAVE SET FORTH IN THE APPLICATION ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I ALSO RECOGNIZE THAT ANY MISSTATEMENT I HAVE MADE HEREIN MAY SUBJECT ME TO DISCHARGE IN THE EVENT THAT I AM HIRED. I FURTHER UNDERSTAND THAT EMPLOYMENT MAY BE CONTINGENT UPON SATISFACTORILY PASSING A PRESCRIBED PHYSICAL EXAMINATION, INCLUDING DRUG AND ALCOHOL TESTS. FURTHER, I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT PREVIOUS NOTICE.

Date

Signature (must be in ink)

Affirmative Action Voluntary Information

(Completion of information below is voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, disability, veteran status, or any other legally protected status.

To be completed by applicant. Not for interview purposes. To be filed separately from application. This information is used to satisfy the Affirmative Action requirements of Section 503 of the Rehabilitation Act or as necessitated by another federal law or regulation.

As required, we comply with government regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Position applied for _____ Date _____

Referral Source

- | | | |
|---|---|--|
| <input type="checkbox"/> Walk-in | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> School |
| <input type="checkbox"/> Advertisement - Source _____ | | <input type="checkbox"/> Other |

Name of person who referred you (if applicable) _____

Applicant Information

Name _____ ()
Last First Middle Area Code Phone

Address _____
Street City State Zip Code

- ☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

- | | | |
|--|---|-----------------------------------|
| <input type="checkbox"/> White | <input type="checkbox"/> African American | <input type="checkbox"/> Hispanic |
| <input type="checkbox"/> American Indian/ Alaskan Native | <input type="checkbox"/> Asian/Pacific Islander | |

Special Notice

To Vietnam Era Veterans, Disabled Veterans and Individuals with physical or mental disabilities:

Government contractors subject to the Vietnam Era Veterans Readjustment Act of 1974 and the Rehabilitation Act of 1973 are required to take affirmative action to employ and advance in employment qualified disabled veterans, veterans of the Vietnam Era and qualified handicapped individuals.

You are invited to volunteer this information, if you qualify, to assist in proper placement and determining reasonable accommodation. This information will be considered confidential. Refusal to provide this information will not adversely affect your consideration for employment.

If you wish to be identified, please check if any of the following are applicable:

- ☐ Vietnam Era Veteran (served between 1964-1975) ☐ Disabled Veteran ☐ Individual with a disability



Ohio Department of Public Safety
DIVISION OF HOMELAND SECURITY
<http://www.homelandsecurity.ohio.gov>

PUBLIC EMPLOYMENT
In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? ☐ Yes ☐ No

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X _____
APPLICANT SIGNATURE

DATE