

Application for Employment



City of Piqua

PLEASE PRINT

POSITION(S) APPLIED FOR _____ DATE OF APPLICATION _____

NAME _____
LAST FIRST MIDDLE

ADDRESS _____
STREET CITY STATE ZIP

TELEPHONE (____) _____ SOCIAL SECURITY NUMBER _____
AREA CODE

If you are under 18, can you furnish a work permit?..... YES NO

Have you ever been employed by the City of Piqua?..... YES NO

If yes, give date..... ____/____/____

Are you legally eligible for employment in this country?..... YES NO
 (Proof of U.S. citizenship or immigration status will be required upon employment.)

Date available for work..... ____/____/____

Type of employment desired: Full-Time Part-Time Temporary Seasonal Educational Co-op

Have you been convicted of a felony in the last seven (7) years?..... YES NO
 (Such conviction may be relevant if job-related, but does not bar you from employment.)

If yes, please explain _____

Driver's license number (if required by job) _____ Type of License _____ State _____

EMPLOYMENT HISTORY

List your last (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. You may attach a resume if you wish.

FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING			
FROM	TO	EMPLOYER	TELEPHONE () -
JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
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JOB TITLE		ADDRESS	
IMMEDIATE SUPERVISOR AND TITLE		Summarize the nature of work performed and job responsibilities	
REASON FOR LEAVING			

May we contact the above employers? _____ If NO, please list the ones you do **not** want us to contact. _____

SKILLS, QUALIFICATIONS AND LICENSES

Summarize special skills, qualifications, or licenses acquired from employment or other experiences that may qualify you for the position.

EDUCATIONAL BACKGROUND

NAME AND LOCATION	YEARS COMPLETED	DID YOU GRADUATE?		COURSE OF STUDY
		MAJOR	DEGREE	
HIGH SCHOOL				
COLLEGE				
OTHER				

COMMENTS

State any additional information you feel may be helpful in considering your application.

REFERENCES

Please provide the names of three persons **not related to you**, whom you have known for at least one year and can best tell about your personal character and/or your current and past job performance.

NAME	ADDRESS	TELEPHONE	YEARS KNOWN
		AREA CODE ()	
		AREA CODE ()	
		AREA CODE ()	

It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed.

I authorize the City of Piqua the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the City of Piqua and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Signature of Applicant _____ Date ____ / ____ / ____

APPLICANT DATA RECORD

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

Date _____

Position(s) Applied for _____

Referral Source: Advertisement Friend Relative Walk-In
 Employment Agency Other _____

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Are you a veteran of the United States Armed Forces?..... YES NO

THANK YOU FOR ANSWERING THESE QUESTIONS