



# CITY OF VERMILION

5511 Liberty Avenue  
Vermilion, Ohio 44089  
(440) 204-2400

## APPLICATION FOR EMPLOYMENT

*CITY OF VERMILION is an **Equal Opportunity Employer** and complies with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, military status, disability or any other protected basis.*

Please print all answers. INFORMATION MUST BE TYPED OR FILLED OUT IN INK. This application will not be considered unless fully completed and signed.

### PERSONAL INFORMATION

Name (Last Name, First Name, Middle Initial)		Date: _____
		Date you can start: _____
Current Home Address:	Street	City, State, Zip Code
How long at current address?	Email Address:	
Telephone Number:	Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, state your age: _____. (Employment may be subject to minimum legal age verification.)	
Have you ever worked or applied for work with the City of Vermilion before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, provide details, including original date of employment and reason for leaving.		
Can you, upon employment submit documented verification of your legal right to work in the United States and documentation verifying your identity? <input type="checkbox"/> Yes <input type="checkbox"/> No Only U.S. citizens or individuals lawfully authorized to work in the United States are eligible for employment.		
How did you learn of this position?		

## EMPLOYMENT INTERESTS/ SKILLS

Position for which you are applying (Please be specific)	Date available for work: Full Time <input type="checkbox"/> Regular <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/>
Are there any hours, shifts or days you cannot or will not work? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, indicate the hours, shifts or days you cannot or will not work: Will you work overtime if required? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Certain positions within the City may require use of a car or other motor vehicle. <b>Answer the following questions only if use of a vehicle is required in the job for which you are applying.</b>	
	Yes      No
A. Do you have or can you get a valid driver's license?	<input type="checkbox"/> <input type="checkbox"/>
B. Do you have access to a car or other motorized vehicle?	<input type="checkbox"/> <input type="checkbox"/>
C. Do you have or can you get liability insurance on such a vehicle?	<input type="checkbox"/> <input type="checkbox"/>
Your driving record will be checked if you are required to drive as part of your job	

## SPECIALIZED SKILLS

Are there any special skills or qualifications that you have that would benefit the City with your employment? ( <i>Examples: Valid driver's license, CDL, skilled trades [plumber, carpenter, electrician], computer skills</i> )          Other specialized skills or information you feel pertinent to the job for which you are applying (trades) :
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## EDUCATION

SCHOOL	NAME	LOCATION	LAST GRADE COMPLETED	DIPLOMA/ DEGREE	COURSE /MAJOR
Elementary					
High School					
College					
Other (Vocational or other training)					

## EMPLOYMENT HISTORY [1 of 2]

Please list **ALL JOBS** since high school, beginning with your present or last employer. A following section asks questions about periods of employment. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form.

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

## EMPLOYMENT HISTORY [2 of 2]

Please list ALL JOBS since high school, beginning with your present or last employer. A following section asks questions about periods of employment. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form.

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

## MILITARY

Branch of Service	From	To	Rank & Duties	Date Discharged

Type of job in Military: \_\_\_\_\_

Type of discharge:      Honorable      Dishonorable      Other Explain:

Explain: List any Medals, honors or awards you have received: \_\_\_\_\_

### ADDITIONAL INQUIRIES CONCERNING EMPLOYMENT

May we contact your present employer?     Yes     No

May we contact your previous employer?     Yes     No

Please explain any exceptions and reasons for not contacting.

In order to permit a check of your work and education records, should we be made aware of any change of name or assumed name that you previously used?     Yes     No

If "yes", identify name(s) and relevant dates.



# APPLICANT STATEMENT

I understand that the information provided on this application (and accompanying resume, if any) must be true and complete to the best of my knowledge. I also understand that any false information or omission may disqualify me from further consideration of employment and may result in my dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and relevant activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

If an employment relationship is established, I understand that I must comply with City policies, rules and procedures as are implemented from time to time and that the City may add to, delete or revise these policies, rules and procedures at any time. I also understand that any period of employment is not for a specific duration.

My signature below certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

This space for Human Resource Department Use Only:

NOTICE: This application is considered active for sixty (60) days from the above date. For further consideration after this date, a new application must be submitted.

Interviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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## NOTES

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