

City of Cheviot, Ohio

APPLICATION FOR EMPLOYMENT

Personal Information (Please print)

We are an Equal Opportunity Employer. Qualified applicants are considered for all positions without regard to race, religion, color, sex, age, national original, citizenship, marital or veteran's status or disability, or any other legally protected status. All qualified applicants will be given equal opportunity and selection decisions are based solely on job-related factors.

Position applied for: _____

Full Name

Date

Address

Street

City

State

Zip

Telephone

Soc. Sec.#

Home

Cell

Are you legally authorized to work in the United States?

Yes

No

Can you provide proof of eligibility to work in the U.S.? Yes No

Are you at least 18 years of age? Yes No

Education

High School Graduate?

Yes

No

GED?

Yes

No

High School Name

City — State

Number of years attended

College or Other Special Training Graduate?

Yes

No

College School Name

City-State

Number of years attended

Degree/Major

Employment: List below last employers, starting with the most recent one first.

Company name _____ / _____ to _____ / _____
Month Year Month Year

Address _____ Supervisor _____

Position Held _____ Salary _____

Reason for leaving _____

Company name _____ / _____ to _____ / _____
Month Year Month Year

Address _____ Supervisor _____

Position Held _____ Salary _____

Reason for leaving _____

Company Name _____ / _____ to _____ / _____
Mon. Year Mon. Year

Address _____ Supervisor _____

Position Held _____ Salary _____

Reason for Leaving _____

Company Name _____ / _____ to _____ / _____
Mon. Year Mon. Year

Address _____ Supervisor _____

Position Held _____ Salary _____

Reason for Leaving _____

Company Name _____ / _____ to _____ / _____

Mon. Year Mon. Year

Address _____

Supervisor _____

Position Held _____

Salary _____

Reason for Leaving _____

Please account for any time lapses between employment dates: _____

References: List at least three responsible adults who have knowledge of your work ethic, experience and ability.

Name	Address	Telephone	Occupation
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Additional Data: Other job related, educational institutions, licenses, certifications, specialized training, apprenticeship, skills or any additional information you feel may be helpful to us in considering your application.

Job Applicant's Agreement and Certification:

I authorize you, at the time of my application for employment or during the course of my employment, to obtain Information from any source as to my education, experience, competence and character as it relates to the position for which I applied. I agree that all statements made in this application may be investigated. I agree to cooperate in such investigation and release from all liability or responsibility all persons, companies or corporations supplying information. I certify that the information columned in this application is true, complete and correct to the best of my knowledge. I understand that any falsification or omission of information may cause my immediate dismissal or rejection of this application. Further, I understand that in the event I am employed, such employment is at will. Neither the employer nor I have agreed on any specific period of employment unless otherwise set forth in a separate contract.

I agree that any claim or lawsuit relating to my service with (Name of Company) must be filed no more than six (6) months after the date of the action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

I understand that I may be required to take a drug test as a part of the application process, as a condition of employment or at any time during employment. I may also be required to take and pass a physical exam if I am selected for employment and before beginning employment.

I have read and understand the contents of this employment application and am fully able and competent to complete it.

Signature

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

DO NOT WRITE IN SPACE BELOW - FOR CIVIL SERVICE USE ONLY

Applicant Accepted

Rejected

Reason

This

took the examination for

(Applicant's name) (Position title) on His/her grade was and his/her position on the

eligible list was certified to the appoint
official on(date).

Civil Service Commission per

Chairman

APPLICANT STATEMENT

1. I hereby certify that all responses set forth during my employment application process are true and complete. My signature also authorizes the City of Cheviot or its authorized agents to conduct a thorough investigation of all statements written and oral, made by me during the employment application process, including without limitation, information concerning my prior employment positions, activities, law enforcement record, and educational background I hereby authorize all persons, companies or other entities connected with any such informational request, including without limitation, physicians, hospitals, prior employers, and law enforcement agencies to provide any and all information and/or medical records they may have regarding me or my employment. I release and agree to indemnify any and all liability arising out of such investigation, including without limitation, any liability for furnishing information or for taking any action based on the information provided.

- 2 I understand and agree that any falsification, misrepresentation, incomplete response, or omission either on the employment application form or in my responses to questions asked during the interviewing or examination process may disqualify me from further consideration for employment, or if employed by the City of Cheviot, will subject me to immediate termination, whenever the falsification or omission is discovered. In this regard, where an item is left blank on the employment application, it is because there is no information within its scope.
3. I understand that a chemical test for the presence of illegal and controlled substances may be required before the commencement of and/or during my employment. In addition, I understand I may be required to take a physical examination before starting work if any offer of employment is made. I release and agree to indemnify the City of Cheviot, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of any physical examination or chemical testing or for the taking of any action based on the results of any physical examination or chemical testing.
- 4 I certify that I am a citizen of the United States, or if not, I can prove required documentation permitting me to work in the United States.
5. I understand and agree that nothing contained in the City of Cheviot employment application or in the granting of any interview or anything set forth in any oral or written statement, communication, or policy now or in the future constitutes or is intended to constitute or to create a contract between me and the City of Cheviot for either employment or for the providing of benefits. No promises regarding employment have been made to me and I understand and agree that no such promise or guarantee is binding on the City of Cheviot unless they are expressed promises, made in writing, and signed by the Safety Service Director or Designee.

Applicant's Signature

Date