



EMPLOYMENT APPLICATION

(Please Print)

**Position(s)
Applied For:** _____

Date: _____

Municipal Building
6860 Plainfield Road

An Equal Opportunity Employer

NAME: _____
(Last) (First) (Middle)

ADDRESS: _____
(Address) (City) (State) (Zip)

TELEPHONE NUMBER WHERE YOU MAY BE REACHED: _____

SOCIAL SECURITY NUMBER: _____

DRIVER'S LICENSE: _____
(State Issued) (License Number) (Expiration Date) (Type)

E-MAIL ADDRESS: _____

Interested in: Part-Time Full-Time Salary Desired: _____

Is there any information regarding your name, or use of another name, that we will need to check your work record? If so, please specify: _____

Do you have any relatives who are presently (or have formerly been) employed by the City of Silverton? If so, please list their name and relationship: _____

Have you ever been convicted of a felony, theft or drug offense (including adjudications of guilt and pleas of no contest)? no yes If yes: list where, for what, and give dates: _____

Date available to begin work? _____

Applicants for non-civilian police positions: Are you 21 years of age or older? _____

Are you OPOTA certified? _____

Are you a citizen of the United States? _____ Are you a resident of Ohio? _____

Have you served in the military? _____ If yes, what type of discharge? _____

Employment Record:

Please list your last three positions starting with the most recent.

1) _____
Company Name
_____ Position Held/Duties
_____ Supervisors Name
Address _____
_____ Dates Employed
_____ Beginning Wage/Salary Ending Wage/Salary
Telephone _____
Reason for Leaving _____

2) _____
Company Name
_____ Position Held/Duties
_____ Supervisors Name
Address _____
_____ Dates Employed
_____ Beginning Wage/Salary Ending Wage/Salary
Telephone _____
Reason for Leaving _____

3) _____
Company Name
_____ Position Held/Duties
_____ Supervisors Name
Address _____
_____ Dates Employed
_____ Beginning Wage/Salary Ending Wage/Salary
Telephone _____
Reason for Leaving _____

NOTE: We will contact all of the employers listed on this application unless you specifically exclude them below. Please list any employers you do not want us to contact and your reason for the exclusion:

_____	_____
Employer's Name/Company	Reason
_____	_____
Employer's Name/Company	Reason

LIST ANY LICENSES OR PROFESSIONAL CERTIFICATES YOU HOLD THAT ARE APPLICABLE TO THIS POSITION: _____

Educational Background:

	School Name/ City, State	Years Completed	Did you graduate?	Type of Degree
High School:				
City, State:				
College:				
Minor:				
Major:				
City, State:				
Graduate School:				
City, State:				
Technical Training:				
City, State:				

Please list three references who are unrelated to you that you have known for at least one year:

Name _____	Relationship _____
Address _____	Phone # _____
Name _____	Relationship _____
Address _____	Phone # _____
Name _____	Relationship _____
Address _____	Phone # _____

Application Statement:

I hereby certify that all responses set forth during my employment application process are true and complete. My signature also authorizes the City of Silverton 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, criminal background and educational background. I hereby authorize all persons, companies or other entities connected with any such information request, including without limitation prior employers, educational institutions, and law enforcement agencies, to provide any and all information and/or records they may have regarding me or my employment. I release and agree to indemnify the City of Silverton, its authorized agents, and its employees, and all other persons, companies, and other entities from any and all liability arising out of such an investigation including, without limitation, any liability for furnishing information or for taking any action based on the information provided.

I understand and agree that any falsification, misrepresentation, or omission, either on the employment application form or in my responses to questions asked during the interviewing or application process, may disqualify me from further consideration for employment, or if employed by the City of Silverton, will subject me to immediate discharge 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.

I understand that the City of Silverton has a policy against the possession, use, sale or transfer of drugs or alcohol by its employment applicants and employees. I further understand that the City of Silverton is committed to a drug free workforce and has adopted a drug and alcohol testing program as one method of implementing that policy.

initials _____

I hereby consent to the taking of hair, urine, blood or breath samples by the City of Silverton or its agents for the purposes of the above drug and alcohol testing program and to the testing of samples by a laboratory designated by the City of Silverton. I release and discharge the City of Silverton and its officers and agents from any claim, damage, or liability relating to the testing process and procedures, including the sample gathering, the analysis, and disclosure of the results, or any decisions or action taken based upon the results.

I hereby further consent to the release of any test reports on such samples or other related information from the laboratory to the City Manager of the City of Silverton and to the use of all such reports or other information by the City of Silverton in its assessment of my employment application and/or employment status.

If I should refuse to cooperate in the testing process or procedures, or should the test results be positive, my application for employment will be justifiably rejected. Furthermore, if employed, I understand that the City of Silverton requires as a condition of continued employment that its employees comply and fully cooperate with its drug and alcohol policy.

I certify that I am a citizen of the United States, or, if not, I can provide required documentation permitting me to work in the United States.

I also give my consent, if reasonable suspicion exists, to physical searches of myself, my lunch box, car, locker, any package or purse in or on city property, whether or not such items are locked.

If an investigative consumer reporting agency is engaged to report on my credit and personal history, authorization is hereby granted to do so. If a report is obtained, the name of the agency will be provided, at my request, so that I may obtain from them the nature and substance of the information contained in the report.

I understand and agree that nothing contained in the City of Silverton's employment application or in the granting or conducting of an 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 or promise between me and the City of Silverton for employment, hours of work, or for the providing of benefits. Moreover, I acknowledge that the City of Silverton may modify, revoke, suspend, terminate or change any or all of its plans, policies, or procedures at any time, without prior notice. 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 Silverton unless they are expressed promises, made in writing, and signed by the City Manager.

Applicant's Signature

Date

Applicant's Name (Print)

