



CITY OF OAKWOOD

**APPLICATION FOR EMPLOYMENT
(PLEASE TYPE OR PRINT PLAINLY)**

DATE: _____

NAME _____
Last First Middle

PHONE NUMBERS: Home _____ Cell _____ Work _____

ADDRESS _____
No. & Street City, State Zip

SOCIAL SECURITY NUMBER _____

Are you legally authorized to work in the United States? Yes No

If you are under the age of 18, please list age: _____

How were you referred to us? Newspaper Ad On my Own
 Current Employee Other _____

Name of referral source _____

POSITION APPLIED FOR _____

EDUCATION

In the blanks below, give a detailed statement of your education.

	Name & Location	Highest Grade Completed	Degree, Major or Type of Courses
High School			
College			
Graduate School			
Other (Specify)			

PERSONAL REFERENCES

Give the names of three persons who are not relatives or employers, preferably a resident of this area, who have known you for at least six months and have a knowledge of your character, experience, and ability.

FULL NAME	HOME ADDRESS	HOME PHONE NO.	OCCUPATION/ BUSINESS ADDRESS

WORK EXPERIENCE

Beginning with your most recent employment, give the name of your employers, the address, your occupation, and the reason for leaving the employ during the last five years, including military service.

DATES EMPLOYED	NAME OF EMPLOYER	PHONE NO. & ADDRESS	POSITION	PAY	REASON FOR LEAVING

May we contact these employers? Yes No _____

Describe in detail your duties at your last two places of employment, and the name of your immediate supervisor:

(a) Most Recent Employment: _____

(b) Previous Employment: _____

List any special skills you may have: _____

What are your goals, aspirations, objectives relating to your employment? _____

Do you currently have a valid driver's license? Yes No

Driver's License Number _____ State of Issue: _____

Expiration Date: _____ Operator CDL

Please read carefully, initial each paragraph, and sign below:

_____ I hereby certify that I have not knowingly withheld or misrepresented any information pertaining to my application for employment and that the answers given are true and correct to the best of my knowledge. I understand that any omission or misstatement of material fact on this application or any document used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

_____ I hereby authorize the city of Oakwood to thoroughly investigate any references, work record, education and other matters related to my suitability for employment.

_____ I understand and agree that as part of the pre-employment process I may be asked to sign a form authorizing the city of Oakwood to obtain a Consumer Report. I further understand that any offer of employment may be contingent upon the successful completion of a background check and physical exam as to my fitness for employment.

Signature

Date

EQUAL OPPORTUNITY EMPLOYER

MEMORANDUM

TO: ALL CITY OF OAKWOOD JOB APPLICANTS

FROM: JAY WEISKIRCHER

SUBJECT: EQUAL OPPORTUNITY FOR PERSONS WITH DISABILITIES

The city of Oakwood is committed to fair and equal treatment of individuals with disabilities. Employment decisions will be made without regard to race, color, gender, religion, age, national origin or disability. Reasonable accommodations will be made for qualified individuals as long as the accommodation does not impose an undue hardship on the city or its operations.

Any application who feels he or she has been discriminated against or harassed due to a disability and wishes to make a complaint, should contact the city's ADA Coordinator, Jay Weiskircher.

JAW:sl