

CITY OF RITTMAN

Employment Application



The City of Rittman is an equal opportunity employer. The City does not discriminate against an applicant or employee on the basis of race, color, creed, sex, marital status, religious belief, national origin, age, genetic information or disability.

| APPLICANT INFORMATION | | | | | | | | | | | |
|---|--|----|--|------------------------------|--|--|--|-----------------------------|--|--------|--|
| Last Name | | | | First | | | | M.I. | | Date | |
| Street Address | | | | | | Apartment/Unit # | | | | | |
| City | | | | State | | | | ZIP | | | |
| Phone | | | | E-mail Address | | | | | | | |
| Previous Address: | | | | | | | | | | | |
| Date Available | | | | | | | | Desired Salary | | | |
| Position Applied for | | | | | | | | | | | |
| Are you legally permitted to work in the United States? | | | | | | YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | |
| Are you at least 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | If not how old? | | | | | |
| Have you ever worked for this company? | | | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | If so, when? | | | |
| Do you have a valid Driver's License? YES <input type="checkbox"/> NO <input type="checkbox"/> Do you have access to reliable vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | | | | | | | | | |
| EDUCATION | | | | | | | | | | | |
| High School | | | | Address | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree | |
| College | | | | Address | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree | |
| Other | | | | Address | | | | | | | |
| From | | To | | Did you graduate? | | YES <input type="checkbox"/> | | NO <input type="checkbox"/> | | Degree | |
| REFERENCES | | | | | | | | | | | |
| <i>Please list three professional references.</i> | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |
| Full Name | | | | Relationship | | | | | | | |
| Company | | | | Phone | | | | | | | |
| Address | | | | | | | | | | | |

PREVIOUS EMPLOYMENT

| | | | |
|---|-----------------|--------------------|------------------|
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |
| Company | | Phone | |
| Address | | Supervisor | |
| Job Title | Starting Salary | \$ | Ending Salary \$ |
| Responsibilities | | | |
| From | To | Reason for Leaving | |
| May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/> | | | |

MILITARY SERVICE

| | | |
|----------------------------------|-------------------|----|
| Branch | From | To |
| Rank at Discharge | Type of Discharge | |
| If other than honorable, explain | | |

| |
|----------------------|
| For office use only: |
| Start date: _____ |
| Hourly Rate: _____ |

DISCLAIMER AND ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION AND SIGNATURE

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I consent to this testing and further give my consent for the release of such results and other medical information to authorized personnel of the City of Rittman.

Initials: _____

- 2 I understand and agree that I may be required to take a pre-employment drug and/or alcohol screening and testing to determine my suitability for employment. I consent to this testing and further give my consent for the release of such results and other medical information to authorized personnel of the City of Rittman. I UNDERSTAND THAT MY COMPLETION OF AND THE PASSING OF SUCH TEST ARE A CONDITION OF EMPLOYMENT.

Initials: _____

3. I understand and accept that given the duties and responsibilities of the employer, I may be required to work weekends, evening hours, or at other times as determined by the employer, including overtime hours.

Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background. In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

Initials: _____

5. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

6. I hereby authorize the employers, schools, and personal/professional references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: _____

READ CAREFULLY BEFORE SIGNING*

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE CITY OF RITTMAN MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.

Applicant's Signature

Date

WITNESS:

SIGNATURE

DATE

FAILURE TO SIGN THE ABOVE CONSENT ENDS THE EMPLOYMENT PROCESS