

## Application for Employment

### Please print

Equal access to programs, services and employment opportunities is available to all persons without regard to race, color, religion, sex (including pregnancy), military status, national origin, disability, age, ancestry, genetic information, or any other basis protected by federal, state, and/or local law.

In accordance with the Americans with Disabilities Act and/or applicable state and local laws, applicants requiring reasonable accommodations for the application and/or interview process should notify the Human Resources Department. Examples of reasonable accommodations include making a change to the application process; providing written materials in an alternate format such as braille, large print, or audio recording; using a sign language interpreter; using specialized equipment; or modifying testing conditions.

Name \_\_\_\_\_ Social Security # \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Street City State ZIP Code

Telephone/Cell # (\_\_\_\_) \_\_\_\_\_ E-mail Address \_\_\_\_\_

Position(s) applied for \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Referral Source (e.g., Walk-in, Job Posting, Company's Website, etc.) \_\_\_\_\_

If necessary, best time to call you is \_\_\_\_ AM \_\_\_\_ PM  
\_\_ Home \_\_ Cellular/Other

May we contact you at work? Yes \_\_\_\_ No \_\_\_\_  
If yes, work number and best time to call:  
(\_\_\_\_) \_\_\_\_\_ AM \_\_\_\_ PM \_\_\_\_

If you are under 18 and it is required, can you furnish a work permit? \_\_\_\_N/A \_\_\_\_Yes \_\_\_\_No  
If no, please explain: \_\_\_\_\_

Have you submitted an application to the City of Tiffin before?  
\_\_Yes \_\_No.  
If yes, give date(s) and position(s): \_\_\_\_\_

Have you ever been employed by the City of Tiffin before?  
\_\_Yes \_\_No  
If yes, give dates: From \_\_\_\_/\_\_\_\_/\_\_\_\_ To \_\_\_\_/\_\_\_\_/\_\_\_\_

Is this application a request for reemployment following an extended military leave of absence from the City of Tiffin?  
\_\_Yes \_\_No  
If yes, additional information may be requested.

Are you lawfully authorized to work in the United States?  
\_\_Yes \_\_No

Date available for work. \_\_\_\_/\_\_\_\_/\_\_\_\_

What is your desired salary range or hourly rate of pay?  
\$ \_\_\_\_\_ Per Hour \_\_\_\_\_

Type of employment desired:  
\_\_Full Time \_\_Part Time \_\_Seasonal

Will you relocate if job requires it? . \_\_Yes \_\_No  
Will you travel if job requires it \_\_Yes \_\_No

If they have been explained to you, are you able to meet the attendance requirements of the position?  
\_\_N/A \_\_Yes \_\_No

Will you work overtime if required? \_\_\_\_Yes \_\_\_\_No  
If no, please explain: \_\_\_\_\_

Are you able to perform the "essential functions" of the job for which you are applying (with or without reasonable accommodation)?  
*(This question is not designed to elicit information about an applicant's disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.)*

\_\_\_\_Yes \_\_\_\_No \_\_\_\_Need more information about the job's "essential functions" to respond.

Driver's license number (required if driving may be required in the job which you are applying):  
\_\_\_\_\_ State \_\_\_\_\_

Have you entered into an agreement with any former employer or other party (such as a noncompetition agreement) that might, in any way, restrict your ability to work for the City of Tiffin? \_\_\_\_Yes \_\_\_\_No

If yes, please explain: \_\_\_\_\_

## Employment History

Starting with your most recent employer, provide the following.

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked least about the position? \_\_\_\_\_

Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

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Employer \_\_\_\_\_ Telephone # \_\_\_\_\_

Street address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Starting job title/final job title \_\_\_\_\_

Immediate supervisor and title (for most recent position held) \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Summarize the type of work performed and job responsibilities. \_\_\_\_\_

What did you like most about your position? \_\_\_\_\_

What were the things you liked lease about the position? \_\_\_\_\_

Dates Employed: Month / Year to Month / Year

Compensation (Starting)

\_\_\_\_ Hourly \_\_\_\_ Salary \$ \_\_\_\_ per

Commission/Bonus/Other Compensation \$ \_\_\_\_  
Compensation (Final)

May we contact for reference? \_\_Yes \_\_No \_\_Later

E-mail: \_\_\_\_\_

Dates Employed: Month / Year to Month / Year

Compensation (Starting)

\_\_\_\_ Hourly \_\_\_\_ Salary \$ \_\_\_\_ per

Commission/Bonus/Other Compensation \$ \_\_\_\_  
Compensation (Final)

May we contact for reference? \_\_Yes \_\_No \_\_Later

E-mail: \_\_\_\_\_

Dates Employed: Month / Year to Month / Year

Compensation (Starting)

\_\_\_\_ Hourly \_\_\_\_ Salary \$ \_\_\_\_ per

Commission/Bonus/Other Compensation \$ \_\_\_\_  
Compensation (Final)

May we contact for reference? \_\_Yes \_\_No \_\_Later

E-mail: \_\_\_\_\_

**Employment History (continued)**

Employer _____ Telephone # _____	Dates Employed: Month / Year to Month / Year
Street address _____ City _____ State _____	Compensation (Starting) _____ Hourly _____ Salary \$ _____ per
Starting job title/final job title _____	Compensation/Bonus/Other Compensation \$ _____ Compensation (Final)

Immediate supervisor and title (for most recent position held) \_\_\_\_\_ May we contact for reference? \_\_\_ Yes \_\_\_ No \_\_\_ Later

Why did you leave? \_\_\_\_\_ E-mail: \_\_\_\_\_

Summarize the type of work performed and job responsibilities.

What did you like most about your position?

What were the things you liked least about the position?

Explain any gaps in your employment, other than those due to personal illness, injury, or disability. \_\_\_\_\_

If not addressed on previous page, have you ever been fired or asked to resign from a job? \_\_\_ Yes \_\_\_ No

If **yes**, please explain: \_\_\_\_\_

**Skills and Qualifications**

Summarize any special training, skills, languages, licenses, and/or certificates that may assist you in performing the position for which you are applying:

**Computer Skills** (include software titles and level of experience, such as (B)-basic, (I)-intermediate, or (A)-advanced.)

<input type="checkbox"/> Word Processing _____ Level: _____	<input type="checkbox"/> Internet _____ Level: _____
<input type="checkbox"/> Spreadsheet _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> Presentation _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____
<input type="checkbox"/> E-mail _____ Level: _____	<input type="checkbox"/> Other _____ Level: _____

## Educational Background

Starting with your most recent school attended, provide the following information.

School (Include City and State)	# of Years Completed	Completed	GPA Class Rank	Major/ Minor
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		
		<input type="checkbox"/> Diploma <input type="checkbox"/> GED <input type="checkbox"/> Degree _____ <input type="checkbox"/> Certification _____ <input type="checkbox"/> Other _____		

## References

List names and telephone numbers of three business/work references who are **not** previous supervisors.

If not applicable, list three school or personal references who are **not** related to you.

Name	Title	Relationship To You	Telephone	E-mail	# Years Known

## Related Information

When answering these questions, please exclude any information that would reveal race, color, religion, sex (including pregnancy), military status, national origin, disability, age, ancestry, genetic information, or other similarly protected status.

To what job-related organizations (professional, trade, etc.) do you belong? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List special accomplishments, publications, awards, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any relevant volunteer work. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Is there any other job-related information you want us to know about you? \_\_\_\_\_

\_\_\_\_\_

**Applicant Statement**

I certify that all information I have provided in order to apply for and secure work with the City of Tiffin is true, complete, and correct.

I expressly authorize, without reservation, the City of Tiffin, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, or job interview. I hereby waive any and all rights and claims I may have regarding the City of Tiffin, its agents, employees, or representatives, for seeking, gathering, and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the City of Tiffin does not unlawfully discriminate in employment and no questions on this application are used for the purpose of limiting or eliminating any applicant from consideration of employment on any basis prohibited by applicable local, state, or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the City of Tiffin and still wish to be considered for employment, it will be necessary for me to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the City of Tiffin reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law or collective bargaining agreement. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City of Tiffin is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City's Mayor or City Administrator.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that reasonable safeguards will be taken to protect all personal information provided or obtained in conjunction with this application for employment. My personal information may be shared with third parties engaged by the City of Tiffin to perform services for the City. Any personal information shared with a third party is to be used solely to perform the services requested by the City.

**The City of Tiffin does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her race, color, religion, sex (including pregnancy), military status, national origin, disability, age, ancestry, genetic information, or any other protected status under applicable federal, state, or local law.**

I understand that any information provided by me that is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the City of Tiffin's employer's service, whenever it is discovered.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**  
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Equal Opportunity Employer**