

Employment Application

City of Groveport, OH
 655 Blacklick Street • Groveport, OH 43125
 614-836-5301 Office • 614-836-1953 Fax

The City of Groveport considers applications for all positions without regard to race, color, religion, creed, sex, sexual orientation, national origin, disability, citizenship status or any other legally protected status.

Please print neatly or type. An incomplete application may result in lost employment opportunity. Please be honest and truthful regarding all items and questions.



Department for which I am applying (please check): <input type="checkbox"/> Administration <input type="checkbox"/> Parks & Recreation <input type="checkbox"/> Building <input type="checkbox"/> Public Works <input type="checkbox"/> Community Affairs <input type="checkbox"/> Golf		Position(s) Applying For:	
First Name, Middle Name, Last Name:		Maiden Name or Alias:	
Present Address (Street, City, Zip Code):		Permanent Address (Street, City, State, Zip Code)	
Primary Phone:	Alternate Phone:	Best Time To Contact You:	
Email Address:		Social Security Number (Voluntary):	
Are you 18 years of age or older?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide date of birth: ___/___/___			
Are you able to provide proof of your lawful authorization to work in the United States?..... <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment)			
Do you have a valid Ohio Driver License?..... <input type="checkbox"/> Yes <input type="checkbox"/> No DL Number: _____ Expires: ___/___/___			
Has your driver license ever been revoked/suspended?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever filed an application with the City of Groveport before?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you lived in Ohio less than five consecutive years?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, in what state(s) did you live: _____			
Do any of your friends or relatives work for the City of Groveport?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state their name and relationship to you: _____			
When are you available to work? List specific hours you are available to work each day.			
Mon. From: To: From: To:	Tue. From: To: From: To:	Wed. From: To: From: To:	Thurs. From: To: From: To:
Fri. From: To: From: To:	Sat. From: To: From: To:	Sun. From: To: From: To:	
Date available for work: ___/___/___		I wish to work: <input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
What is your desired wage? \$___/hr. - \$___/hr. Annual Salary: \$ _____			
Are you currently on lay-off status and subject to recall?..... <input type="checkbox"/> Yes <input type="checkbox"/> No			

Are you certified in (please check all that apply)? Please attach a copy of all certifications to this Application.	<input type="checkbox"/> CPR <input type="checkbox"/> First Aid <input type="checkbox"/> AED	Expires: ___/___/___ Expires: ___/___/___ Expires: ___/___/___
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Employment History:

Start with your present or most recent job. List all jobs (including military service) for at least the past ten years. Your qualifications will be evaluated solely on the application form and, if applicable, any supplemental interview or questionnaire. Resumes may not be substituted for the requested information.

Does your present employer know that you are looking for new employment?..... Yes No

1. Place of Employment: _____ Phone No.: _____
 Address: _____
Street City State Zip

Kind of Business: _____ Your Title: _____

Supervisor's Name & Title: _____ Starting Wage: \$ _____

Employment Dates: From: _____ To: _____ Total Time: _____ Ending Wage: \$ _____
Mo./Yr. Mo./Yr. Yrs./Mo.

Description of Work Performed: _____

Reason for Leaving: _____

May we contact this employer if you are considered for the position?..... Yes No

* * * * *

2. Place of Employment: _____ Phone No.: _____
 Address: _____
Street City State Zip

Kind of Business: _____ Your Title: _____

Supervisor's Name & Title: _____ Starting Wage: \$ _____

Employment Dates: From: _____ To: _____ Total Time: _____ Ending Wage: \$ _____
Mo./Yr. Mo./Yr. Yrs./Mo.

Description of Work Performed: _____

Reason for Leaving: _____

May we contact this employer if you are considered for the position?..... Yes No

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3. Place of Employment: _____ Phone No.: _____
 Address: _____
Street City State Zip

Kind of Business: _____ Your Title: _____

Supervisor's Name & Title: _____ Starting Wage: \$ _____

Employment Dates: From: _____ To: _____ Total Time: _____ Ending Wage: \$ _____
Mo./Yr. Mo./Yr. Yrs./Mo.

Description of Work Performed: _____

Reason for Leaving: _____

May we contact this employer if you are considered for the position?..... Yes No

* * * * *

Have you ever been terminated? Yes No

If YES, explain: _____

Education:

Circle the HIGHEST grade completed:			
Grade School	High School	College	Post Graduate
1 2 3 4 5 6 7 8	9 10 11 12	13 14 15 16	M.A. Ph. D.
High School Attended:			
Name:		High school graduate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		If not, did you obtain a G.E.D.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City:		State:	Zip:

College or University Attended:			
Name:		Major: _____	
		Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Attended:	City:	State:	Zip:

College or University Attended:			
Name:		Major: _____	
		Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Attended:	City:	State:	Zip:

Trade or Technical School Attended:			
Name:		Major: _____	
		Degree/Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Attended:	City:	State:	Zip:

Computer & Additional Relevant Experience:

Skill Set: 1 = minimal experience 2 = formal training 3 = paid experience
 Word Publisher Excel Power Point Photo Shop Page Maker

Please list other applicable relevant experience: _____

Certifications: (Please attach a copy of all certifications to this Application)

Certification Type	Certifying Agency, Address & Phone Number	Expiration Date (Month/Day/Year)

Additional Information:

Please list any additional information that you feel may be helpful to us in considering your employment.
(example: specialized training, skills, extra-curricular activities, hobbies, etc.):

Business References:

Name and Title	Company Name	Phone Number	Email Address

Application Certification & Release of Liability:

I certify that answers given herein are true and I agree and understand that any false or misleading statement contained herein may cause rejection of this application or termination of employment. I authorize the City of Groveport to contact my current and past employers and personal references, and to investigate all statements contained in this application for employment. I understand that I will have to provide acceptable documentation attesting that I am a U.S. Citizen or legal immigrant eligible for work in the United States. I also understand that I will not be hired until I have successfully completed the employment process, including a criminal background investigation. The results of the criminal background investigation will be used by the City of Groveport to ascertain the eligibility, appropriateness or fitness of all applicants for work within the City of Groveport. I understand that this application is not a contract for employment. I understand that any oral or written statement to the contrary is expressly disavowed, and should not be relied upon by any prospective or existing employee. I hereby understand and acknowledge that, unless otherwise defined by applicable law, my employment with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by the City Administrator. I understand that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

Signature of Parent/Legal Guardian
(if Applicant is under 18 years of age)

Date

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