THE CITY OF GROVE CITY

An Equal Opportunity Employer ***Employment Application***

The City of Grove City offers equal employment opportunity to all persons without regard to race, color, age, religion, sex, national origin, disability or veteran status. No question on this Application is intended to secure information to be used for discriminatory purposes. This Application will expire after one (1) year. **NOTE:** This Employment Application will not be considered unless all pages are fully completed.

PERSONAL INFORMATION

NAME: _____ SOCIAL SECURITY NO.: _____
LAST FIRST M.I.

ADDRESS: _____
STREET CITY STATE ZIP CODE

FORMER ADDRESS (IF AT CURRENT ADDRESS LESS THAN ONE (1) YEAR):

_____
STREET CITY STATE ZIP CODE

TELEPHONE #: _____ ALTERNATE TELEPHONE #: _____

HAVE YOU EVER BEEN CONVICTED OF A CRIME, OTHER THAN A MINOR TRAFFIC VIOLATION? ☐ YES ☐ NO Note: Checking "Yes" does not automatically disqualify you from consideration for employment, but will be considered as part of an overall evaluation of your qualifications.

IF YES, DESCRIBE: _____

REFERRAL SOURCE: ☐ NEWSPAPER AD ☐ PLACEMENT OFFICE ☐ RADIO ☐ POSTING ☐ JOB FAIR ☐ EMPLOYMENT OFFICE ☐ OTHER

EMPLOYMENT DESIRED/AVAILABILITY

DESIRED POSITION: _____

HAVE YOU EVER WORKED OR PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF GROVE CITY? ☐ YES ☐ NO

ARE YOU 18 YEARS OR OLDER ☐ YES ☐ NO

IF YES, WHEN: _____

DESIRED STATUS ☐ FULL-TIME ☐ PART-TIME ☐ OTHER _____ EXPECTED SALARY: _____

IF YOU ARE OFFERED AND ACCEPT A JOB, CAN YOU SUBMIT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

TO HELP BETTER MATCH YOUR AVAILABILITY WITH THE POSITION BEING APPLIED FOR, STATE YOUR GENERAL AVAILABILITY:

DAY	**SUN.**	**MON.**	**TUES.**	**WED.**	**THURS.**	**FRI.**	**SAT.**
FROM A.M.							
TO P.M.							

DO YOU HAVE A CURRENT VALID DRIVER'S LICENSE? ☐ YES ☐ NO

EDUCATIONAL BACKGROUND

DO YOU HAVE ANY PROFESSIONAL LICENSES? ☐ YES ☐ NO IF YES, TYPE: _____ NO.: _____ EXP.: ____
TYPE: _____ NO.: _____ EXP.: ____

ARE YOU CURRENTLY A STUDENT? ☐ YES ☐ NO

	SCHOOL/LOCATION	NO. OF YRS. COMPLETED	DEGREE RECEIVED	COURSE OF STUDY
HIGH SCHOOL/GED				
BUSINESS/ VOCATIONAL SCHOOL				
COLLEGE				
GRADUATE SCHOOL				

ADDITIONAL SKILLS, TRAINING, QUALIFICATIONS

EMPLOYMENT HISTORY

Please list the last five (5) years of your employment history, starting with your present employer. Attach additional sheets if necessary.

COMPANY NAME, ADDRESS, TELEPHONE NUMBER	
DATES OF EMPLOYMENT	**BEGINNING AND ENDING WAGES**
POSITION(S) HELD AND DUTIES PERFORMED	
REASON(S) FOR LEAVING	
NAME OF SUPERVISOR	**MAY WE CONTACT? IF NOT, WHY?**
COMPANY NAME, ADDRESS, TELEPHONE NUMBER	
DATES OF EMPLOYMENT	**BEGINNING AND ENDING WAGES**
POSITION(S) HELD AND DUTIES PERFORMED	
REASON(S) FOR LEAVING	
NAME OF SUPERVISOR	**MAY WE CONTACT? IF NOT, WHY?**
COMPANY NAME, ADDRESS, TELEPHONE NUMBER	
DATES OF EMPLOYMENT	**BEGINNING AND ENDING WAGES**
POSITION(S) HELD AND DUTIES PERFORMED	
REASON(S) FOR LEAVING	
NAME OF SUPERVISOR	**MAY WE CONTACT? IF NOT, WHY?**

IF YOU HAVE BEEN UNEMPLOYED FOR MORE THAN ONE (1) MONTH, PLEASE INCLUDE AS PART OF YOUR EMPLOYMENT HISTORY.

PROFESSIONAL/CHARACTER REFERENCES

Name/Title	Address	Telephone Number	Yrs. Acquainted

PLEASE READ THE FOLLOWING STATEMENTS BELOW. BY SUBMITTING THIS APPLICATION, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW.

I affirm that the information provided by me on this application for employment is true, complete and correct to the best of my knowledge. I understand that any false statement given on this application for employment may be considered just cause for my immediate dismissal. I authorize investigation of all information related to items listed on this application for employment and release all persons, schools, companies, corporations and other agencies to provide information concerning my background.

I acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Grove City with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, and drug testing until after I have reached a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Grove City, are a prerequisite to my appointment to a position with the City of Grove City.

I further acknowledge that the City of Grove City cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment related documents, with the exception of medical records, maintained by the City of Grove City related to the aforementioned screening procedures do not appear to fall within the enumerated exceptions.

I further understand that the City of Grove City has a commitment to maintain an alcohol and drug free workplace and unless prohibited by law, I may be required to submit to a drug test for the illegal use of controlled substances if I am offered a position. The illegal use of controlled substances will result in disqualification from consideration for employment and any offer of employment withdrawn. If I am employed, I acknowledge that I may be required to submit to alcohol and/or drug testing under certain circumstances.

I understand that if I am employed, I will be an employee at-will, that my employment is for no definite period of time and that I may resign or be terminated at any time without prior notice or cause and the terms and conditions of my employment can be changed at any time.

DATE _____ SIGNATURE _____

CHECK HERE IF RESUME IS ATTACHED: ☐