

# CITY OF MAUMEE – APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or disability. You may exclude from this application any responses which indicate race, color, religion, sex, national origin, disability, age or ancestry.

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone # ( ) \_\_\_\_\_

Have you ever been employed here before?..... [ ] No [ ] Yes

If yes, indicate dates..... \_\_\_\_\_

Are you employed now?..... [ ] No [ ] Yes

May we contact your present employer?..... [ ] No [ ] Yes

Are you on a lay-off and subject to recall?..... [ ] No [ ] Yes

On what date would you be available for work?..... \_\_\_\_\_

Type of employment desired..... [ ] Full-Time [ ] Part-Time [ ] Temporary [ ] Seasonal [ ] Educational Co-Op

Are you a U. S. Military Veteran?..... [ ] No [ ] Yes

If yes, indicate branch..... \_\_\_\_\_

If yes, type of discharge..... \_\_\_\_\_

**EMPLOYMENT HISTORY** (Provide the following information, starting with most recent)

Employer Name	Employed From	To
Employer Address	Salary/Rate Start	Final
	Job Title	
Employer Phone #	Supervisor Name	
Summary of Duties/Responsibilities	Supervisor Title	
	Reason For Leaving	

Employer Name	Employed From	To
Employer Address	Salary/Rate Start	Final
	Job Title	
Employer Phone #	Supervisor Name	
Summary of Duties/Responsibilities	Supervisor Title	
	Reason For Leaving	

Employer Name	Employed From	To
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## EDUCATION & TRAINING

	High School	College/University	Graduate/Professional
School Name			
Years Completed (Circle)	9 10 11 12	1 2 3 4	1 2 3 4
Certificate/Diploma/Degree			
Major/Course of Study			

Summarize any training, skill, licenses, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying. Include any professional, trade, business or civic activities and offices held.

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## REFERENCES

List below the names of three references who have known applicant at least one year and who are at least 21 years of age. Do not use name of relatives or City of Maumee employees.

Name	Address & Telephone	Occupation

## STATEMENT OF APPLICANT

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address \_\_\_\_\_

Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Selective Service No. \_\_\_\_\_ Veterans Admin. File No. \_\_\_\_\_

Armed Forces Membership \_\_\_\_\_ Service No. \_\_\_\_\_

- ✚ I certify that all statements presented are true. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I understand that if I am employed, any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate discharge from the employer's service, whenever it is discovered.
- ✚ Further, I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to a representative of the City of Maumee upon presentation of a copy of this release.
- ✚ This application is current for only 6 months. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to fill out a new application.
- ✚ I understand that this application is not intended to be a contract of employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all ordinances, rules, and regulations of the City of Maumee.

Signed \_\_\_\_\_ Date \_\_\_\_\_

STATE OF OHIO, CITY OF MAUMEE

This day, \_\_\_\_\_ personally appeared before me and acknowledged his/her signature to the above statement.

Notary Public \_\_\_\_\_ My commission expires \_\_\_\_\_ (SEAL)