

Application for Employment



It is the policy of the City of Madeira to provide equal opportunity with regard to all terms and conditions of employment. The city complies with state and federal laws prohibiting discrimination on the basis of race, color, religion, creed, national origin, disability, veteran status, age, sexual orientation, or any other protected characteristic.

Date of Application _____

Name _____ Home Phone (_____) _____

Cellular/Other Phone (_____) _____ E-mail _____

Address _____

City/State/Zip Code _____

Position applied for _____

Shift preferred: 1 2 3 Any Not Applicable

Expected salary range or hourly rate of pay: _____

Type of work desired: Full-time Part-time Seasonal Temporary

Date available for work: _____

How were you referred to the City of Madeira? _____

Have you ever been employed here before? Yes No If yes, give dates _____

Is this application a request for reemployment following an extended military leave of absence from the City?
Yes No If yes, additional information may be requested.

If you are under 18 years old, can you provide a work permit if required? Yes No

Are you legally eligible for employment in the USA? Yes No If Yes, proof is required if hired.

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.**

Will you relocate if required? Yes No

Will you travel if required? Yes No

Will you work overtime if required? Yes No

If driving may be required in the job for which you are applying, please provide your driver's license number.

DL# _____ State _____

Have you ever been bonded? Yes No

Employment Experience

Place an by the employer(s) you **do not** want us to contact. List your most recent employer first.

1. Employer _____

Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone (_____) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

2. Employer _____

Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone (_____) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

3. Employer _____

Address _____

Job Title _____ Supervisor _____

E-mail _____ Phone (_____) _____

Dates Employed: from (mm/yy) _____ to (mm/yy) _____

Hourly rate/salary: starting _____ final _____

Work Performed _____

Reason for Leaving _____

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

Have you ever been fired or asked to resign from a job? Yes No If yes, please explain.

Educational Background

High School:

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

College:

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Graduate School:

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Vocational Training – Other:

Name of school _____ Location _____
Course of study _____ Did you graduate? Yes No Degree or diploma _____ Years completed _____

Continuing Education:

Skills and Qualifications

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

Computer Skills (Check appropriate boxes. Include software titles and years of experience.)

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

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

Applicant Statement

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false or misleading information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

I expressly authorize, without reservation, the employer, 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 employer, 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.

In consideration of my employment, I agree to conform to the company's rules and regulations, and I understand that these rules and/or the employee handbook do not form a contract of employment, either expressed or implied, and I agree that my employment and compensation can be terminated, with or without cause and with or without notice, at any time, at either my or the City's option. I also understand and agree that the terms and conditions of my employment may be changed, with or without cause and with or without notice, at any time by the City. I understand that no City representative, other than the applicable Appointing Authority, and then only when in writing and signed by said Appointing Authority, has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing.

Applicant's Signature _____ Date _____



7141 Miami Avenue, Madeira, Ohio 45243

AUTHORITY TO RELEASE INFORMATION

I, _____, hereby agree and permit the City of Madeira and/or Madeira Police Department to conduct an investigation into my background, including, but not limited to my criminal record and credit report, and agree to permit the Madeira Police Department to release any information learned about my background and criminal record, if any, to the City Manager and/or Human Resources Department.

I agree to save harmless from any and all claims, actions, causes of actions, costs, damages and obligations the City of Madeira, the Madeira Police Department, and all of its employees, members and agents arising from any and all acts resulting from this background and criminal history investigation or from the release of any information learned to the person listed above.

Date _____ Signature _____

Address _____

Date of Birth _____ SS# _____
(For identification purposes only)

Driver's License Number _____