



CITY OF ROSSFORD EMPLOYMENT APPLICATION

The City of Rossford is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, sexual orientation, gender identify, marital status, national origin, disability, veteran status or any other status as protected by local, state or federal law.

Please complete this application legibly in ink. Please respond to all questions indicating N/A to those that do not apply.

PERSONAL INFORMATION			
Last Name	First Name	Middle Name	Email
Street Address		City	State Zip
Telephone		Alternate Phone Number	

POSITION INTEREST/AVAILABILITY							
Position Applying For					Other Position You Would Consider		
Date Available to Begin Work		Status Desired <input type="checkbox"/> Regular <input type="checkbox"/> Temporary <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time			Salary Requirements		
Hours Available:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Available From							
Available To							

GENERAL INFORMATION
Have you ever been employed by the City of Rossford? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please list dates _____ If employed under a different name, please note name _____
Are you over the age of 18 years? <input type="checkbox"/> Yes <input type="checkbox"/> No. If under 18, list date of birth _____ <i>(If under 18, you will be required to provide a work certificate and proof of parental consent)</i>
Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>(If employed, you will be required to provide documentation to verify eligibility)</i>
Have you ever been terminated or have you resigned in lieu of being terminated? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain _____ _____
Do you have any relatives working for the City of Rossford? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please specify full name of employee _____
How did you hear about this position? <input type="checkbox"/> Advertisement (please note where) _____ <input type="checkbox"/> Website <input type="checkbox"/> Employee (please note name) _____ <input type="checkbox"/> School (please specify) _____ <input type="checkbox"/> Other (please specify) _____

EDUCATION AND TRAINING					
Type of School	Name of School/Address	Graduated		Type of Degree, Diploma, Certificate and Major/Minor Area of Study	Name if Different
		Yes	No		
High School or GED					
Vocational/Technical or Two Year College					
College or University					
Graduate School					
Other					

CITY OF ROSSFORD
Employment Application
Page 2

LICENSURE, CERTIFICATION OR REGISTRATIONS				
Licensure, Certification or Registration Held	Issued By	Number	Date Issued	Date Expires

OFFICE SKILLS	
Typing _____ wpm	Data Entry _____ wpm
Proficient In Usage of Software (check all that apply):	
<input type="checkbox"/> Word <input type="checkbox"/> Excel <input type="checkbox"/> Access <input type="checkbox"/> PowerPoint <input type="checkbox"/> Outlook <input type="checkbox"/> Other _____	Proficient in Usage of Office Equipment (check all that apply): <input type="checkbox"/> Facsimile <input type="checkbox"/> Switchboard <input type="checkbox"/> Copy Machine <input type="checkbox"/> Personal Computer <input type="checkbox"/> Telephone Systems <input type="checkbox"/> Other _____

EMPLOYMENT HISTORY - Please begin with current or most recent employer. Do not exclude any employment. Explain periods of unemployment and include U.S. Military Service. If more space is needed, please use another sheet.			
Company Name	Date From	Date To	Job Title
Address	Hourly Rate or Salary	Hours per Week	Description of Job Duties
Telephone Number	Supervisor Name and Title		
Reason for Leaving			
May we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Company Name	Date From	Date To	Job Title
Address	Supervisor Name and Title		Description of Job Duties
Telephone Number	Hourly Rate or Salary		
Reason for Leaving			
Company Name	Date From	Date To	Job Title
Address	Supervisor Name and Title		Description of Job Duties
Telephone Number	Hourly Rate or Salary		
Reason for Leaving			

PROFESSIONAL REFERENCES – Please list three individuals who are not related to you or supervisors listed above.				
Name	Address	Telephone Number	Relationship to You	Years Known

CITY OF ROSSFORD
Employment Application
Page 3

Please Read Carefully Before Signing – Applicant’s Certification and Agreement

I hereby certify that the information and facts set forth in this application are true, complete and accurate to the best of my knowledge. I understand that any falsifications, misrepresentations or omissions of any facts in this application or other documents submitted for consideration of employment will be cause for denial of employment or immediate termination of employment, if employed regardless of the timing or circumstances of discovery.

I understand that if I am hired this application becomes a part of my official employment record.

I authorize the City of Rossford to verify the accuracy of any information provided or known. I hereby authorize any and all schools, employers, references, regulatory boards, courts and any others who have information about me to provide such information to the City of Rossford and/or any of its employees, representatives, agents or vendors. I release all parties involved in this process from any liability for any and all damage that may result from providing such information.

I understand that if offered a position, I may be required to submit to a pre-employment drug screening and criminal background check as a condition of employment. I further understand that I may be required to complete a pre-employment physical exam depending upon the position offered. I understand that receipt of unsatisfactory results from, failure to complete as required or any attempt to affect the results of these, will result in the immediate withdrawal of any offer of employment or the termination of employment, if already employed.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be made by the City of Rossford, such offer whether or not stated is for employment at will, and that if I accept such offer, my employment may be terminated by either the City of Rossford or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of the City of Rossford or its employees or representatives used during the hiring process or during my employment may be deemed to be a contract for employment, either actual or implied. I understand that no employee or representative, other than the City Administrator/City Council of the City of Rossford, has the authority to enter into any agreement contrary to the above and that any such agreement if made shall not be binding unless it is set out in a writing signed by the City Administrator/City Council.

I agree that any claim or lawsuit relating to my service with the City of Rossford must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

In consideration of employment, if offered, I agree to abide by and adhere fully to all rules, regulations, policies and procedures of the City of Rossford at all times. I further understand that the City of Rossford’s rules, regulations, policies and procedures may be changed at any time, with or without notice.

Signature of Applicant _____

Date _____