



CITY OF HILLIARD
3800 Municipal Way
Hilliard, Ohio 43026
614-876-7361
www.cityofhilliard.com

EMPLOYMENT APPLICATION

An Equal Opportunity Employer

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, marital, or veteran status, or disability

**PLEASE TYPE OR PRINT RESPONSES TO ALL OF THE QUESTIONS
CONTAINED ON THE ENTIRE APPLICATION FORM**

(SECTION I)

Position(s) Sought: _____

Approximate Date of Availability: _____

Name: _____
Last First Middle Initial

Home Address: _____

City/State/Zip: _____

Home Phone: _____ Other Phone: _____

S.S. Number: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

Current Employer: _____
(Enter "None" if Unemployed)

May we contact your current employer prior to employment? Yes No

Address: _____

Phone Number: _____

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(SECTION II)

PERSONAL INFORMATION

Do you have any commitments (i.e., second job, school, etc.) which might interfere with, or adversely affect, your employment should we select you for a position? Yes No

If yes, please explain: _____

Have you ever been convicted of a felony? Yes No

If yes, please explain: _____

(The employer will only consider specific crimes related to qualifications for positions applied for.)

Do you possess a valid driver's license? Yes No License Number: _____

Do you possess a valid commercial driver's license? Yes No

If yes, list endorsements: _____

If no, can you obtain one prior to employment? Yes No

Are you eligible to work in the United States? Yes No

Have you ever been employed by the City of Hilliard? Yes No

If yes, what position(s) and date(s) of employment? _____

Are you related to anyone that is currently employed by the City of Hilliard? Yes No

If yes, what is the employee's name and your relationship to the employee? _____

Please list two work-related references not related to you (preferably in a supervisory role) that you have known at least one year:

Name: _____

Phone: _____ Address: _____

Name: _____

Phone: _____ Address: _____

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Dates Employed: _____ To: _____

Position Held: _____

Supervisor's Name: _____

Beginning Salary: _____ per _____ Current Salary: _____ per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions, etc.: _____

Why do you want to leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____

Dates Employed: _____ To: _____

Position Held: _____

Supervisor's Name: _____

Beginning Salary: _____ per _____ Current Salary: _____ per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions, etc.: _____

Why did you leave? _____

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Previous Employer: _____

Address: _____

Phone Number: _____

Dates Employed: _____ To: _____

Position Held: _____

Supervisor's Name: _____

Beginning Salary: _____ per _____ Current Salary: _____ per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions, etc.: _____

Why did you leave? _____

Previous Employer: _____

Address: _____

Phone Number: _____

Dates Employed: _____ To: _____

Position Held: _____

Supervisor's Name: _____

Beginning Salary: _____ per _____ Current Salary: _____ per _____

Describe your Duties, Responsibilities, Equipment Operated, Promotions, etc.: _____

Why did you leave? _____

If you need to list any additional previous employers or any other information related to previous employers, please use a blank sheet of paper to do so.

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EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.

High School Attended: _____

Address: _____

Did you Graduate? Yes No High School Equivalent? _____

Courses Pertaining to Job Applied for: _____

College or Technical School Attended: _____

Address: _____

Did you Graduate? Yes No Degree: _____

Courses Pertaining to Job Applied for: _____

Graduate School(s) Attended: _____

Address: _____

Did you Graduate? Yes No Degree: _____

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application for the position(s) sought.

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(SECTION III)

ACKNOWLEDGEMENT AND AUTHORIZATION

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each paragraph by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing the paragraph.

1. I understand and accept if I am selected for employment my employment may be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with reasonable accommodation when necessary.

Initials: _____

2. As an applicant I hereby acknowledge I am required to submit to drug and/or alcohol testing as a condition of hire with the City. I understand that the purpose of this testing is to determine or rule out the presence of any illegal and/or prohibited substances in my system.

Initials: _____

3. I understand and accept if any information required in this application is found to be falsified or intentionally excluded, I may be disqualified from further consideration. I further understand and accept, if I am employed by the City, I will be subject to termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

4. I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: _____

5. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: _____

6. I understand and accept, if I am selected for employment, I will be required to take an oath of office stating I will support the Constitution of the United States and of the state of Ohio; will obey the laws of Ohio; will uphold and enforce the City's charter and ordinances; and will faithfully discharge the duties of the position for which I might be selected.

Initials: _____

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****READ CAREFULLY BEFORE SIGNING****

BY MY SIGNATURE I ACKNOWLEDGE THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR WILL RESULT IN TERMINATION FOLLOWING EMPLOYMENT.

I ALSO ACKNOWLEDGE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

(Applicant's Signature)

(Date)