

**APPLICATION FOR EMPLOYMENT**

**CITY OF ALLIANCE  
504 E. MAIN STREET  
ALLIANCE, OHIO 44601  
Phone: 330-821-3110 / Fax: 330-821-9362**

**APPLICATIONS 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 HANDICAP.  
(PLEASE TYPE or PRINT)**

DATE OF APPLICATION \_\_\_\_\_

POSITION(S) APPLIED FOR: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  Agency  Other

NAME \_\_\_\_\_  
(Last) (First) (M.I.)

ADDRESS: \_\_\_\_\_  
City State Zip Code

TELEPHONE: \_\_\_\_\_ - \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

If employed and you are under the age of 18, can you furnish a work permit?  Yes  No

Have you filed an application here before?  Yes  No. If Yes, Give Date(s) \_\_\_\_\_

Have you ever been employed by the City of Alliance?  Yes  No. If Yes, Give Date \_\_\_\_\_

Are you employed now?  Yes  No. May we contact your present employer?  Yes  No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration Status?  Yes  No  
(Proof of citizenship or immigration status will be required upon employment)

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

Are you available to work  Full Time  Part-Time  Shift Work  Temporary  Seasonal?

Are you on lay off and subject to recall?  Yes  No. Can you travel if a job requires it?  Yes  No.

Have you ever been convicted in a Court of Law for anything other than traffic violations?  Yes  No.

If yes, please explain: \_\_\_\_\_

**EMPLOYMENT EXPERIENCE**

**Start with your present or last employer. Include military service assignments and volunteer activities.  
Exclude organization names which indicate race, color, religion, sex or national origin.**

1. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \$ \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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2. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \$ \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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3. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \$ \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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4. Employer \_\_\_\_\_ Address \_\_\_\_\_  
Job Title \_\_\_\_\_ Supervisor \_\_\_\_\_  
Dates Employed (from-to) \_\_\_\_\_ Hourly Rate/Salary \$ \_\_\_\_\_  
Work Performed: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

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**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special skills and qualifications acquired from employment or other experience: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

List professional, trade, business civic activities and offices held. (Exclude those which indicate race, color, religion, sex or national origin): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Are you a Veteran of the U.S. Military Service? \_\_\_ Yes \_\_\_ No. If yes, what Branch \_\_\_\_\_

**SPECIAL EMPLOYMENT NOTICE TO DISABLED VETERANS, VIETNAM ERA VETERANS,  
AND INDIVIDUALS WITH PHYSICAL OR MENTAL HANDICAPS:**

**Government contractors are subject to Section 402 of the Vietnam Era Veterans Readjustment Act of 1974 which qualified disabled veterans and veterans of the Vietnam Era, and Section 503 of the Rehabilitation Act of 1973, as amended, which requires government contractors to take affirmative action to employ and advance in employment qualified handicapped individuals.**

**If you are a disabled veteran, or have a physical or mental handicap, you are invited to volunteer this information. The purpose is to provide information regarding proper placement and appropriate accommodations to enable you to perform the job in a proper and safe manner. This information will be treated as confidential. Failure to provide this information will not jeopardize or adversely affect any consideration you may receive for employment.**

**If you wish to be identified, please sign below.**

\_\_\_ **Handicapped Individual**    \_\_\_ **Disabled Veteran**    \_\_\_ **Vietnam Era Veteran**

**Signed:** \_\_\_\_\_

**EDUCATION HISTORY**

HIGH SCHOOL: \_\_\_\_\_

COLLEGE/UNIVERSITY: \_\_\_\_\_

GRADUATE/PROFESSIONAL: \_\_\_\_\_

Described specialized training, apprenticeship, skills and extra-curricular activities: \_\_\_\_\_

\_\_\_\_\_

List any honors received: \_\_\_\_\_

\_\_\_\_\_

State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AGREEMENT**

I certify that answers given herein are true and complete to the best of my knowledge. 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 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 rules and regulations of the City of Alliance.

\_\_\_\_\_  
**SIGNATURE OF APPLICANT**

\_\_\_\_\_  
**DATE**

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**FOR PERSONNEL DEPARTMENT ONLY**  
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ARRANGE INTERVIEW? \_\_\_\_\_ YES      \_\_\_\_\_ NO

Remarks: \_\_\_\_\_

\_\_\_\_\_

INTERVIEWER(S) \_\_\_\_\_ Date \_\_\_\_\_

EMPLOYED: \_\_\_\_\_ Yes      \_\_\_\_\_ No      DATE OF EMPLOYMENT: \_\_\_\_\_

JOB TITLE \_\_\_\_\_ DEPARTMENT \_\_\_\_\_