



City of St. Marys
APPLICATION FOR EMPLOYMENT
 101 E. Spring Street, St. Marys, OH 45885
 (419) 394-3303 www.cityofstmarys.net
An Equal Opportunity Employer

Position Applied For: _____ **Date:** _____

Name _____ Social Security No. _____ Telephone No. _____

Address - Street _____ City _____ State _____ Zip Code _____

Type of Employment Desired: Full Time Part Time-specify days/hours: _____

Are you able to work any shift? Yes No If no, please explain: _____

Desired Rate of Pay: _____

Are you able to work overtime if necessary? Yes No

If employment is offered, when are you available for work? _____

Have you had previous City employment? Yes No If yes, when? _____ Dept. _____

Are you legally authorized to work in the United States? Yes No

EDUCATION

	Name and Address	Course of Study/Degree	Dates	Did You Graduate?
High School				
College				
Trade/Business				

LICENSES, CERTIFICATIONS, REGISTRATIONS

Do you presently have a valid State of Ohio Driver's License? Yes No

Do you presently have a valid State of Ohio Commercial Driver's License? Yes Class _____ No

List below any licenses, certificates, or registrations you have that relate to or are required for this position.

Field/Trade/Specialization	Issued By	License/Certificate Number	Expiration Date

EMPLOYMENT HISTORY

Please list current and previous employment, beginning with most recent.

Employer: _____ Telephone #: _____
Address: _____ Full-time Part-time Temporary
Employed From ___/___ To ___/___ Supervisor: _____ Ending Salary: _____
Job Title: _____ Responsibilities: _____

Reason for leaving: _____

If presently employed, may we contact your current employer prior to employment? Yes No

Employer: _____ Telephone #: _____
Address: _____ Full-time Part-time Temporary
Employed From ___/___ To ___/___ Supervisor: _____ Ending Salary: _____
Job Title: _____ Responsibilities: _____

Reason for leaving: _____

Employer: _____ Telephone #: _____
Address: _____ Full-time Part-time Temporary
Employed From ___/___ To ___/___ Supervisor: _____ Ending Salary: _____
Job Title: _____ Responsibilities: _____

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Employer: _____ Telephone #: _____
Address: _____ Full-time Part-time Temporary
Employed From ___/___ To ___/___ Supervisor: _____ Ending Salary: _____
Job Title: _____ Responsibilities: _____

Reason for leaving: _____

TRAINING AND OTHER QUALIFICATIONS

In the area below, briefly describe any training, skills, or special qualifications you have for the position for which you are applying. Please be sure to include any special machinery or equipment able to operate, tools, vehicles, or other job-related items.

If applying for dispatching, clerical, or secretarial positions, please provide the following information:

Office Equipment Able To Operate: _____

Typing Speed: _____ w.p.m.

Software Proficient In: _____

PERSONAL REFERENCES Please provide three references who are not related to you.

Name and Occupation	Address/City/State	Telephone No.

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND SIGN BELOW

By signing below, you are indicating your understanding of, and consent to, the contents and conditions of the following information. If you have any questions regarding this information, contact the Personnel Office of the City of St. Marys before signing. If employed, this application becomes part of your official employment record.

I certify the information set forth in this employment application is true, accurate, and complete to the best of my knowledge. I understand and accept that any information found to be falsified or intentionally excluded, may disqualify me from further consideration or, if employed, may result in disciplinary action, including termination of my employment, whenever discovered. I authorize the employers, schools, and personal references named in this application to provide and release records of employment, academic, and other information regarding myself to the City of St. Marys.

I hereby specifically waive any right to personal privacy I might have in the above information and release the City of St. Marys and any person or agency from any liability whatsoever resulting from the release of such information. I understand employment-related documents of a public entity in Ohio are subject to inspection by members of the public under the Ohio Sunshine Law.

If employed, I understand and accept that, depending on the department that I am applying for, I may be required to work evening shifts, night shifts, weekends, and/or be on call and be required to work mandatory overtime. I further understand, if employed, I will be required to provide proof of identity and employment eligibility to work in the United States.

Signature of Applicant: _____ Date: _____

City of St. Marys
AFFIRMATIVE ACTION DATA RECORD
Voluntary Information Form

Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Name: _____

Address: _____

Position Applied For: _____ Date: _____

Referral Source:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Walk-In | <input type="checkbox"/> Internet |
| <input type="checkbox"/> City Employee | <input type="checkbox"/> Relative | <input type="checkbox"/> Govt. Agency |
| <input type="checkbox"/> Friend | <input type="checkbox"/> Other _____ | |

Check One: Male Female

Check One of the Following:

- | | |
|-----------------------------------|---|
| <input type="checkbox"/> White | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black | <input type="checkbox"/> Asian/Pacific Islander |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other |

Check If Any of the Following Are Applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Disabled Individual

Birthdate: _____