Experience Upper Sandusky
WYANDOT COUNTY, OHIO

119 North Seventh Street Upper Sandusky, Ohio 43351 Phone: 419-294-3862 Fax: 419-294-6767

EMPLOYMENT APPLICATION

Position Applying For: _____ Date: _____

Name: _____
Last First Middle

Address: _____
Mailing Address City State Zip Code

Home Telephone: (_____) _____ Other Telephone: (_____) _____

Email Address: _____

Have you submitted a previous application for employment with the City of Upper Sandusky? ❑ Yes ❑ No

If yes, when and for what position? _____

Have you ever been employed by the City of Upper Sandusky? ❑ Yes ❑ No If yes, please provide dates previously employed and position(s) held:

_____

Desired Salary: _____

Tentative Start Date: _____

EDUCATION

Circle highest level accomplished (elementary and secondary): 1 2 3 4 5 6 7 8 9 10 11 12

Circle highest level accomplished: College Undergraduate: 1 2 3 4 Graduate School: 1 2 3 4

	Name & Location of School	Degree	Area of Study
High School		Graduate: ❑ Yes ❑ No or G.E.D.: ❑ Yes ❑ No	
College, University, Business, Technical, Vocational, or Military Academy			
Graduate or Professional School			

Are you currently enrolled in an educational program? ❑ Yes ❑ No If yes, what is your main course of study and where are you attending?

LICENSES, CERTIFICATIONS, REGISTRATIONS

I possess: ☐ a valid Driver's License _____ (please list state and number) ☐ a valid C. D. L. _____ (please list state and number)

TYPE	STATE	NUMBER	EXPIRATION DATE (if any)

MILITARY SERVICE

Were you, or are you presently in the US Armed Forces? ☐ Yes ☐ No If yes, what branch? _____

Dates of Services: From _____ To_____ Rank:_____

Technical Specialization: _____

AWARDS, HONORS, ACHIEVEMENTS, INTERESTS

Please list any awards, honors, achievements, volunteer or community service activities, special interests, hobbies, or any organizations of which you are/or have been a member. Please indicate any positions of leadership held.

TRAINING AND OTHER QUALIFICATIONS

Please list any training you feel is relevant to the position for which you are applying:

SUBJECT AREA OF TRAINING	ORGANIZATION PROVIDING TRAINING	YEAR TRAINING RECEIVED

Please use this area to briefly describe any additional information or special qualifications you have for the position for which you are applying. Please be sure to include any special machinery, office equipment, software, tools, vehicles, or other job-related items.

REFERENCES

Please list three individuals, other than relatives, whom we may contact as references regarding your character, ability, or experience.

Name	Home Phone Number (with area code)	Work Phone Number (with area code)	Type of Reference (personal, professional, educational, etc.)

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I certify that all of the information furnished in this employment application and its addenda is true and complete to the best of my knowledge. I understand that the City of Upper Sandusky, may investigate the information I have furnished and realized that any misrepresentation or false information in this application and its addenda may lead to withdrawal of any employment offer or termination after employment.

Signature: _____ Date: _____

ACKNOWLEDGMENT & RELEASE

(Please read thoroughly before signing.)

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Upper Sandusky, with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks and reference checks. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Upper Sandusky, are a prerequisite to my appointment to a position with the City of Upper Sandusky.

In addition, I also hereby understand that the City of Upper Sandusky, cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records, maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment-related documents, with the exception of medical records, attained by the City relative to the aforementioned screening procedures do not appear to fall within any of the enumerated exceptions.

Signature of Candidate: _____ Date: _____

Signature of Witness: _____ Date: _____

EXPERIENCE

List your experience starting with your current/most recent employer. Please include all employment whether full-time, part-time, seasonal, or temporary during the past ten years. You may include additional experience beyond the past ten years if you desire and you are encouraged to do so if it is related to employment you are seeking. You may attach additional pages if necessary. Please do not use a resume as a substitute for completing this section, however, you may attach a resume to supplement the information contained within this employment application.

Current/Most Recent Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (_____) _____

Position Held: _____ Salary: _____

Date of Employment: _____ to _____ Type of Employment: ❑ Full-time ❑ Part-time ❑ Seasonal

Description of duties and responsibilities

Reason for Leaving:

The City of Upper Sandusky may contact former employers. If you prefer that we do not contact your present employer until which time a conditional offer would be made, please check this box: ❑

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (_____) _____

Position Held: _____ Salary: _____

Date of Employment: _____ to _____ Type of Employment: ❑ Full-time ❑ Part-time ❑ Seasonal

Description of duties and responsibilities:

Reason for Leaving:

Previous Employer: _____

Address: _____
Mailing Address City State Zip Code

Supervisor's Name: _____ Phone Number: (_____) _____

Position Held: _____ Salary: _____

Date of Employment: _____ to _____ Type of Employment: ❑ Full-time ❑ Part-time ❑ Seasonal

Description of duties and responsibilities:

Reason for Leaving: