



City of Montgomery, Ohio

Application for Employment

TO APPLICANT: We deeply appreciate your interest in our organization. Thank you for taking the time to complete this application. The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Federal law also prohibits other types of discrimination such as age, citizenship, disability, veteran status, attainment of benefits, and participation in union activities. The laws of most states and many localities also prohibit some or all of the above types of discrimination as well as some additional types including, but not limited to, discrimination based upon ancestry, marital status, parental status, sexual orientation, or source of income. The Fair Credit Reporting Act imposes restrictions with respect to credit data. **This list, however is not exhaustive of the grounds on which discrimination is prohibited.**

(Please print clearly)

PERSONAL

Date: _____

Name: _____
Last First Middle

Social Security #: _____ Telephone # _____

Address: _____
Number Street City State Zip

Email Address: _____

Are you legally eligible for employment in the U.S.A.? Yes _____ No _____ If hired, you are required to submit proof of your eligibility to work in the U.S.A.

Are you over the age of eighteen? Yes _____ No _____ If no, hire is subject to verification that you are of minimum legal age.

Position(s) applied for: _____

Were you previously employed by us? Yes _____ No _____ If yes, when? _____

If your application is considered favorably, on what date will you be available for work? _____

Are there any other job related experiences, skills, or qualifications which will be of special benefit in the job for which you are applying?

EMPLOYMENT HISTORY

Beginning with your most recent experience, list below present and past employment.
(Attach additional sheets if necessary)

I

Name and address of Company & type of business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

II

Name and address of Company & type of business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

III

Name and address of Company & type of business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

IV

Name and address of Company & type of business	From		To		Weekly Starting Salary	Weekly Ending Salary	Reason for leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Describe the work you did:							
Telephone:								

I hereby give permission to contact the employers listed above concerning my prior work experience as indicated below:

- Employer I? Yes _____ No _____
- Employer II? Yes _____ No _____
- Employer III? Yes _____ No _____
- Employer IV? Yes _____ No _____

Signed: _____

RECORD OF EDUCATION

EDUCATION LEVEL	SCHOOL NAME & ADDRESS	COURSE OF STUDY	CIRCLE LAST YEAR COMPLETED				DID YOU GRADUATE?	DIPLOMA OR DEGREE EARNED
			1	2	3	4		
High School							<input type="checkbox"/> Yes <input type="checkbox"/> No	
College							<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other (specify)							<input type="checkbox"/> Yes <input type="checkbox"/> No	

PERSONAL REFERENCES

(Not Former Employers or Relatives)

Name and Occupation	Address	Phone Number

May we telephone you to follow up on this application at home? Yes No

If YES, what is the best time to call? _____

May we telephone you to follow up on this application at work? Yes No

If YES, what is the best time to call? _____

What is your business telephone number? _____

PLEASE READ AND SIGN BELOW

The facts set forth in my application for employment are true and complete. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way if the employer decides to employ me. I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason or no reason. No one other than an officer of the City of Montgomery has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in a writing signed by an officer.

Signature of Applicant

RETURN FORM TO: Montgomery City Hall, 10101 Montgomery Road, Montgomery, Ohio 45242

CITY OF MONTGOMERY EEO Data Form

Section 1: General Applicant Information

The following requested information in no way affects you as an individual applicant or employee. This form is detached from the employment application prior to distribution of the application to City departments for employment consideration. The information is used to evaluate (1) the effectiveness of the City's recruitment efforts in reaching all segments of the populations, (2) the validity of the City's selection methods and (3) the objectivity of the City's employment practices.

Position applying for: _____ Application date: _____

How did you hear about this position? _____

Section 2: Please check all that apply

ETHNICITY

- | | |
|---|--|
| <p><input type="checkbox"/> White (not Hispanic or Latino) Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.</p> <p><input type="checkbox"/> Black or African American (not Hispanic or Latino) persons having origins in any of the black racial groups of Africa.</p> <p><input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino) persons having origins in any of the original peoples of North and South America, (including Central American) and who maintains tribal affiliation or community attachment.</p> <p><input type="checkbox"/> Multi-Racial Persons who identify with more than one of the above races/ethnicities.</p> | <p><input type="checkbox"/> Asian (not Hispanic or Latino) Chinese/Chinese-American: Persons having origins in any of the original peoples of china. Japanese/Japanese-American: Persons having origins in any of the original peoples of Japan. Filipino/Pilipino: persons having origins in any of the original peoples of the Philippine Islands. Pakistani/East Indian: persons having origins in any of the original peoples of the Indian subcontinent (e.g., India and Pakistan). Other Asian: Persons having origins in any of the original people of the Far East (including Korea, Malaysia, Cambodia, Thailand and Vietnam), and Southeast Asia.</p> <p><input type="checkbox"/> Hispanic or Latino (including Black individuals whose origins are Hispanic) Mexican/Mexican-American/Chicano: persons of Mexican culture or origin, regardless of race. Latin-American/Latino: persons of Latin American (e.g., Central American, South American, Cuban, and Puerto Rican) culture or origin, regardless of race, Other Spanish/Spanish-American listed above: persons of Spanish culture or origin, not included in any of the Hispanic categories listed above.</p> <p><input type="checkbox"/> Native Hawaiian or Other Pacific Islander (not Hispanic or Latino) Persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or Other Pacific Islands.</p> <p><input type="checkbox"/> I choose not to answer</p> |
|---|--|

GENDER

Male Female I choose not to answer

VETERAN STATUS

Vietnam Era Veteran Special Disabled Veteran Other Eligible Veteran I choose not to answer

This form is to be kept separate from Employment Application, kept in a local file.