CITY OF WILMINGTON OHIO
APPLICATION FOR EMPLOYMENT
(AN EQUAL OPPORTUNITY EMPLOYER)

APPLICANT INFORMATION:

NAME
FIRST
LAST
MIDDLE

SOCIAL SECURITY NUMBER

PRESENT ADDRESS
STREET
CITY
STATE
ZIP

PERMANENT ADDRESS
STREET
CITY
STATE
ZIP

PHONE NO.

ARE YOU 18 YEARS OR OLDER? YES [ ] NO [ ]

ARE YOU EITHER A U.S. CITIZEN OR AN ALIEN AUTHORIZED TO WORK IN THE UNITED STATES? YES [ ] NO [ ]

EMPLOYMENT DESIRED:

POSITION

DATE YOU CAN START

SALARY DESIRED

IF SO MAY WE INQUIRY

ARE YOU EMPLOYED NOW? YES [ ] NO [ ]

OF YOUR PRESENT EMPLOYER? YES [ ] NO [ ]

EVER APPLIED TO THIS COMPANY BEFORE? YES [ ] NO [ ]

WHERE? _______ WHEN? _______

<table>
<thead>
<tr>
<th>EDUCATION</th>
<th>NAME AND LOCATION OF SCHOOL</th>
<th>NO. OF YEARS ATTENDED</th>
<th>DID YOU GRADUATE</th>
<th>SUBJECTS STUDIED</th>
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<td>GRAMMAR SCHOOL</td>
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<td>HIGH SCHOOL</td>
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<td>COLLEGE</td>
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<td>TRADE, BUSINESS OR CORRESPONDENCE SCHOOL</td>
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The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

LIST TRAINING CERTIFICATES & LICENSES IF APPLICABLE -- SUBJECT OF SPECIAL STUDY OR RESEARCH WORK.

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PAGE 1 OF 2
**FORMER EMPLOYERS:**

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<tr>
<th>DATE MONTH AND YEAR</th>
<th>NAME AND ADDRESS OF EMPLOYER</th>
<th>SALARY</th>
<th>POSITION</th>
<th>REASON FOR LEAVING</th>
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**REFERENCES:**

GIVE THE NAMES OF THREE (3) PERSONS NOT RELATED TO YOU, WHO YOU HAVE KNOWN AT LEAST ONE (1) YEAR.

<table>
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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>BUSINESS</th>
<th>YEARS ACQUAINTED</th>
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**PHYSICAL RECORD:**

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

YES ☐ NO ☐

IF YES, WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION?

__________________________________________________________

PLEASE DESCRIBE: _________________________________________

__________________________________________________________

IN CASE OF EMERGENCY NOTIFY

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<tr>
<th>NAME</th>
<th>ADDRESS</th>
<th>PHONE NO.</th>
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**CERTIFICATION OF INFORMATION, AUTORIZATION & RELEASE**

BY MY SIGNATURE BELOW, I:

CERTIFY: THAT ALL ANSWERS GIVEN HEREIN ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

AUTHORIZE: INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSON OR OTHERWISE AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SUCH INFORMATION.

UNDERSTAND: THAT THIS APPLICATION IS NOT INTENDED TO BE A CONTRACT FOR 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 WILMINGTON.

BY SIGNING THIS APPLICATION, YOU ARE AFFIRMING THAT ALL INFORMATION YOU PROVIDE IS ACCURATE AND COMPLETE.

__________________________________________

DATE  SIGNATURE

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form any questions which, when asked by the Employer of the Job Applicant, may violate State and Federal Law.