

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



APPLICANT INFORMATION:

DATE _____

SOCIAL SECURITY NUMBER _____

NAME _____
 FIRST LAST MIDDLE

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 INQUIRE OF YOUR PRESENT EMPLOYER? YES NO

ARE YOU EMPLOYED NOW? YES NO

EVER APPLIED TO THIS COMPANY BEFORE? YES NO WHERE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	NO. OF YEARS ATTENDED	DID YOU GRADUATE	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

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.

FORMER EMPLOYERS: [LIST BELOW LAST THREE (3) EMPLOYERS, STARTING WITH LAST ONE FIRST.]

DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

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

	NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1				
2				
3				

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 _____
 NAME ADDRESS PHONE NO.

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 S TO YOU.

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.