

EMPLOYMENT APPLICATION

**CITY OF FOREST PARK
1201 W. KEMPER ROAD
FOREST PARK, OHIO 45240**



READ THE FOLLOWING INSTRUCTIONS CAREFULLY

All questions must be answered completely and accurately. Notify this office of any change in your address or telephone numbers. If more space is needed to answer any questions, attach additional sheets of paper.

Name _____ **Social Security Number** _____
Last First Middle

Present Address _____
Number Street City State Zip

Last two previous addresses _____
Number Street City State Zip

_____ Number Street City State Zip

Telephone number: _____
Day Evening Cell

Email: _____

Position Applying For: _____

Applicants for police or fire positions:

Will you be 21 years of age within 2 months of filing this application?

Yes No

Applicants for all other positions:

Are you at least 18 years of age?

Yes No

Do you have any physical limitations or health problems which might limit your assignment? If yes, please explain.

Yes No _____

EDUCATION: (circle highest grade completed)

1 2 3 4 5 6 7 8 9 10 11 12

NAME AND ADDRESS OF SCHOOL

DID YOU GRADUATE?

Yes No

If you didn't graduate, did you pass the high school equivalency test (G.E.D.)?

Yes No

In which State was your G.E.D. awarded?

College or Universities Attended	Degree	Major	Semester Hours	Did You Graduate?

Do you have a Valid Driver's License?

Yes No

Driver's License Number

Type

State Issued In

Expiration Date

MILITARY SERVICE (list only active service)

- a. Branch of Service _____
- b. Date Entered _____
- c. Date Discharged _____

FOR INTERVIEWER ONLY

Date Verified _____

Verified By _____

EMPLOYMENT HISTORY

List the most recent 3 jobs that you have held during the past 10 years. Begin with your present or most recent employment.

PRESENT OR LAST EMPLOYER

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATES EMPLOYED	
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE	DEPARTMENT	RATE OF PAY	
POSITION OR TITLE			REASON FOR LEAVING		
DESCRIPTION OF DUTIES:					

NEXT PREVIOUS EMPLOYER

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATES EMPLOYED	
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE	DEPARTMENT	RATE OF PAY	
POSITION OR TITLE			REASON FOR LEAVING		
DESCRIPTION OF DUTIES:					

NEXT PREVIOUS EMPLOYER

NAME OF EMPLOYER		ADDRESS OF EMPLOYER		DATES EMPLOYED	
TELEPHONE OF EMPLOYER		SUPERVISOR'S NAME & TITLE	DEPARTMENT	RATE OF PAY	
POSITION OR TITLE			REASON FOR LEAVING		
DESCRIPTION OF DUTIES:					

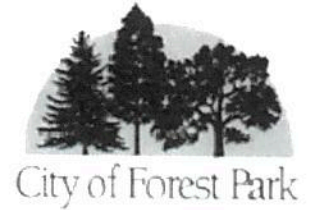
I understand that a false statement may cause rejection of an application, removal of an applicant's name from an eligibility list, or discharge of an employee after appointment. Further, I agree to release any and all medical information that may be developed during my per-employment physical examination to those who have need of evaluation of this type of information. I also understand that the pre-employment examination may include a drug and/or alcohol screening.

I do solemnly swear (or affirm) that I will support the Constitution of the United States and the Constitution of the State of Ohio, the Charter of the Municipality of Forest Park, Ohio and that I will faithfully, honestly and impartially discharge the duties of my employment. And I do further swear (or affirm) that I do not advocate nor am I a member of any political party or organization that advocates the overthrow of the Government of the United States or of the State of Ohio by force or violence; and that during such time as I might be an employee of the City of Forest Park, I will not advocate nor become a member of any political party or organization that advocates the overthrow of the Government of the United States or of the State of Ohio by force or violence.

I, the undersigned applicant, being first duly sworn, declare that I am the person mentioned herein, and that all answers or statements made are true to the best of my knowledge and belief.

Signature: _____ Date: _____
First Name, Middle Name (if any), and Surname

The City of Forest Park, Ohio is an Equal Opportunity Employer and as such does not discriminate in the matter of employment or promotion with regard to race, color, gender, religion, national origin, handicap (social, mental, or physical) or age.



INFORMATION RELEASE AUTHORIZATION

I hereby authorize the release to the City of Forest Park or its representatives any and all personal information about me which is maintained by your institution/agency/company. This release pertains to records with regard to my employment history, financial history, educational achievement, criminal conviction, examination and/or treatment for diagnostic, medical, surgical, psychological or psychiatric reasons and any other information, observations or opinions maintained in your files.

I further request that such records be forwarded to the City Manager or the representative named below who is conducting an investigation into my qualifications and fitness for appointment with the City of Forest Park.

I acknowledge by this authorization that I release all parties concerned from any and all obligation or liability in the disclosure of the contents of such files and the observations or opinions contained therein.

I certify that I have read and fully understand the foregoing statements, and that all answers or statements made are true to the best of my knowledge and belief.

Thank you for your prompt attention to this request.

Please furnish information to:

Human Resources Department
City of Forest Park
1201 W. Kemper Rd.
Forest Park, OH 45240

Signature

Name (typed or printed)

Date of Birth

Present Home Address

City State Zip

Home Telephone Number

Work Telephone Number

Cell Telephone Number

Email

Driver's License Number

State Driver's License Issued In

Expiration Date

Social Security Number