



WELCOME TO
THE CITY OF NORTHWOOD
6000 Wales Road, Northwood, Ohio 43619
Phone: (419) 690-1600

**CITY OF NORTHWOOD, OHIO
APPLICATION FOR EMPLOYMENT**

PLEASE PRINT CLEARLY

Position Applied For: _____ Date of Application: _____

First Name _____ Middle Name _____ Last Name _____

Street Address _____

City _____ State _____ Zip Code _____

Home Telephone # _____ Cell # _____ Other Telephone # _____ Social Security Number _____

- Best time to contact you is: _____

- Are you capable of performing the essential functions of the job, with or without reasonable accommodations for which you have applied? Yes No If accommodations are needed, please list: _____

- Have you ever been employed here before? Yes No If yes, give date(s): _____

- Are you employed now? Yes No If yes, may we contact your current employer(s)? Yes No

- On what date would you be available to start work? _____

- Can you travel if a job requires it? Yes No

- Do any of your friends or relatives, other than your spouse, work here? Yes No

If yes, state their name(s), relationship and department that they work in: _____

NOTE: Your driving record may be requested from the Bureau of Motor Vehicles.

- Do you have a valid State of Ohio Driver's License? Yes No License #: _____

- How many points do you have on your driving record at the time you submitted this application? _____

- Do you have a valid State of Ohio Commercial Driver's License? Yes No License #: _____
Class _____

- Is your CDL restricted to vehicles without air brakes (#L)? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of non-job related medical condition or disability. You may exclude from this application any responses that indicate race, color, religion, sex, national origin, disability, age or ancestry.

EDUCATION

TYPE OF SCHOOL	NAME	CITY/STATE	DATES ATTENDED	DEGREE	MAJOR/MINOR
High School		City: State:	To: From:		
Vocational/ Trade		City: State:	To: From:		
College		City: State:	To: From:		
College		City: State:	To: From:		
Other Training		City: State:	To: From:		

MILITARY SERVICE

- Describe any job-related training received in the United States Military: _____

- Are you a Veteran? Yes No , if yes, were you honorably discharged? Yes No (if yes, you must provide a copy of DD-214 to show proof of service. If you successfully pass the exam, and have shown proof of service prior to taking the exam, you will be given 5 additional points.)
- Do you need any special accommodations for taking the exam? Yes No
- If yes, please explain: _____

PERSONAL/PROFESSIONAL REFERENCES

- Give name, address and telephone numbers of three (3) references. Do not use the name of past employers or relatives. These references may be called upon to furnish detailed information concerning your habits, character, job reference and ability.

	<u>Name</u>	<u>Address/Phone Numbers</u>	<u>Occupation</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

EMPLOYMENT EXPERIENCE

- Start with your present job or last job (if unemployed). Include military service agreements and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, age or other protected status.

Dates Employed _____ to _____ mo./yr. mo./yr.	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
Hourly Rate / Salary \$ _____ to \$ _____ Starting Final	_____ (Address)	Reason for Leaving: _____ _____ _____	_____ _____
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Address)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Address)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Address)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Address)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Address)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____
_____ (Name of Supervisor)	_____ (Employer Name) (Phone #)	Your Title and Duties: _____ _____ _____	May we contact <input type="checkbox"/> Yes <input type="checkbox"/> No Initials _____

- Comments (Include explanations of any gaps in employment): _____
- _____
- List professional, trade, business or civic activities and offices held: _____
- _____
- List specialized skills (skills/equipment operated): _____
- Office machines operated _____
- Factory, construction or street equipment operated: _____
- Typing Speed: _____ w.p.m.
- Describe any other Special Training or Skills which are related to the kind of work you are applying for:

- _____
- Resume attached: Yes No

STATEMENT OF UNDERSTANDING AND SIGNATURE

I understand a physical examination will be required.

I understand a credit check may be required, the results of which may have an impact on my eligibility to be employed by the City of Northwood.

I understand a positive drug screen will discharge me from further consideration for employment with the City of Northwood or cause me to be terminated as a city employee.

The City of Northwood established a drug-free workplace policy in accordance with the Drug-Free Workplace Act of 1988. I understand that all employees of the City of Northwood are required to sign the Employer's Drug Free Workplace Policy as a condition of employment.

The City of Northwood has residency requirements. Other than Employees holding positions created by the City Charter or those positions that fall under the fire department residency policy, employees must reside in the State of Ohio within the County of Wood or an adjacent county by the end of their probationary period. I understand that I must adhere by this residency policy.

I understand that I must sign a full release of information statement has a condition of my employment with the city for the purpose of verifying the information I have provided on this application.

I hereby certify that the answers given and statements made on this application are true are correct. I am aware that a representative of the City of Northwood may conduct an investigation of my background to assist in determining my suitability for this employment. I further understand that any applicant who intentionally makes a false statement or who practices fraud in filling out this application will be refused employment. If already appointed, subsequent evidence of misrepresentation will be considered adequate cause for termination of employment.

I hereby authorize all my previous employers and references to furnish any information concerning my personal character, health, reputation, habits and work records. I hereby release all such persons and the City of Northwood from liability or damages incurred as a result of furnishing or obtaining this information.

(Applicant's Signature)

(Date)

THIS SECTION IS FOR OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Position / Test Applying For _____

Date Filed _____

Time Filed _____

Grade : _____	Passed <input type="checkbox"/>	Failed <input type="checkbox"/>	Placement: _____
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THE CITY OF NORTHWOOD
6000 Wales Road Northwood, Ohio 43619
Phone: (419) 690-1600

Applicant Data Record

Applicants are considered for all positions and employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition, or handicap.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

Solely to help us comply with government record keeping, reporting and other legal requirements, please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate from the Application for Employment.

(PLEASE PRINT)

Date of Birth _____

Position(s) Applied For _____

Referral Source: Advertisement Friend Relative Walk-In

Employment Agency Other _____

Name _____ Phone _____
LAST FIRST MIDDLE Area Code

Address _____
NUMBER STREET CITY STATE ZIP CODE

Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants. This data is for analysis and affirmative action only. Submission of information is voluntary.

Check one: Male Female

Check one of the following:

Race/Ethnic Group: White Black Hispanic
 American Indian/Alaskan Native Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran Disabled Veteran Handicapped Individual



CITY OF NORTHWOOD

AUTHORIZATION TO RELEASE INFORMATION

TO: Any Doctor, Physician, Psychiatrist, Dentist, Hospital, Nursing Home, Medical Association or other Health Care Provider; the U.S. Armed Forces, Maritime Services, Veterans Association; any Academic Dean, Registrar, Principal, Guidance Counselor, or person authorized to release information at any: School, College, University, Business School, Trade School, High School, or Elementary School; any Local, State or Federal Law Enforcement Agency; any past or present Employer, Credit Bureau, Retail Merchant Association, U.S. Selective Services, or any Government Agency; any renter of Realty Property.

I, _____, have applied for employment with the City of Northwood. I am aware that my entire background is to be investigated thoroughly. I hereby authorize and request release of any and all information you have concerning me, including, but not limited to my employment, military, credit, psychological, criminal (including expunged records pursuant to Ohio Revised Code 2953.33), medical, educational (including transcripts of any academic record) and any other records relating to achievement, attendance, personal history, discipline, and credit records. I hereby authorize you to release this information upon request to the bearer of this document. This release is executed with full knowledge and understanding that the information is for the official use of the City of Northwood. Consent is hereby granted for the City of Northwood to furnish this information as described above to third parties in the course of fulfilling its official responsibilities relative to my employment with the City of Northwood. I hereby release the City of Northwood, its officers, agents, employees and independent contractors as the custodian of such records, and employer, educational institution, physician, psychologist, psychiatrist, hospital, or other repository of medical records, credit bureau, consumer reporting agency, or military or governmental entity, including its officers, employees, or related personnel, both individually and collectively, from any and all responsibility or liability for damages of whatever kind, which may at any time result to me, my heirs, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

(printed full name) (signature) (date)

(street address) (city) (state) (zip code)

(telephone number) (date of birth)

(witness's signature) (date)