P.O. Box 280 Clayton, OH 45315 P: (937) 836-3500 F: (937) 836-6773 www.clayton.oh.us An Equal Opportunity Employer



### **EMPLOYMENT APPLICATION**

### **Important Information about the Application Process**

- This employment application is to be used for all internal, external, and seasonal or temporary job postings. We strongly encourage you to provide a resume and cover letter in addition to this application. If you require special accommodations to participate in the application or selection process due to a disability, please contact Human Resources at (937) 836-3500.
- Applications are kept on file for one year. Please keep a copy for your files.
- A separate application must be submitted for each position for which you are applying.
- Applications must specifically reflect all requirements for the position, including experience and/or required courses of study. Please answer all questions accurately and completely. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provided is accurate and complete.

| Applic | ation Information  |                      |                   |                          |  |
|--------|--|----------------------|-------------------|--------------------------|--|
| P      | osition for which you are applying:  |                      |                   |                          |  |
| L      | ast Name:  | First Name:          |                   | _ MI:                    |  |
| S      | ocial Security Number:   |                      |                   |                          |  |
| S      | treet Address:   |                      |                   |                          |  |
| C      | City:  | State:               | Zip Code:         |                          |  |
| P      | hone Number:   | Alt. Phone           | Number:           |                          |  |
| E      | -mail Address:   |                      |                   |                          |  |
| Genera | al Information   |                      |                   |                          |  |
| • D    | u now, or have you ever been employed voo you have relatives employed by the Cit | y? Yes No            |                   | No                       |  |
|        | f yes, please give name, relationship, and are you at least 18 years old? Yes    | · —                  |                   |                          |  |
|        | Police Officer Applicants only: Are you at                                       |                      | ? Yes No          |                          |  |
| • V    | What are you salary expectations?  | Dat                  | te Available?     |                          |  |
| • A    | are you on layoff subject to recall? Yes   | □ No □               |                   |                          |  |
| • A    | are you able to perform the essential funct                                      | ions of this job, wi | th or without rea | asonable accommodations? |  |
| Y      | es No  |                      |                   |                          |  |

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## **Employment History**

- In this section, please describe the duties you have performed in previous positions, which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying. You may include internships, verifiable volunteer activities, self-employment, and military experience.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years. Please explain all periods of unemployment.
- Additional pages of work history may be attached, if necessary. A resume is not a substitute for this section of the application.

| May we contact this employer? Yes No Start Date: End Date: |
|--|
| Employer: Position Title:                                  |
| Address:   |
| Starting Salary: Ending Salary: Full-time: Part-time:      |
| Supervisor's Name & Title:                                 |
| Duties & Responsibilities:                                 |
| Reason for Leaving:  |
| May we contact this employer? Yes No Start Date: End Date: |
| Employer: Position Title:                                  |
| Address:   |
| Starting Salary: Ending Salary: Full-time: Part-time:      |
| Supervisor's Name & Title:                                 |
| Duties & Responsibilities:                                 |
| Reason for Leaving:  |
| May we contact this employer? Yes No Start Date: End Date: |
| Employer: Position Title:                                  |
| Address:   |
| Starting Salary: Ending Salary: Full-time: Part-time:      |
| Supervisor's Name & Title:                                 |
| Duties & Responsibilities:                                 |
| Reason for Leaving:  |

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\*Electronic or typed signatures are accepted



| Education, Train                | ning, Certificates &                         | k Licer   | ıses                    |              |             |                   |   |  |
|---------------------------------|--|-----------|-------------------------|--------------|-------------|-------------------|---|--|
| Do you have a hig               | gh school diploma,                           | GED c     | ertificate, or          | equivalen    | t? Yes      | □ No □            |   |  |
| Colleges, universit             | ties, military, trade,                       | busines   | ss, or other sc         | hools atte   | nded        |                   |   |  |
| Name of School                  | Location of School                           | Cou       | Course of Study (major) |              | Credits Co  | mpleted           | Degree or Certificate<br>Earned   |  |
| Traine of Benoof                | Education of School                          |           |                         |              | er Hours    | Quarter Hours     |   |  |
|                                 |  |           |                         |              |             |                   |   |  |
|                                 |  |           |                         |              |             |                   |   |  |
| List driver's Licer             | nse and any profession                       | onal lic  | enses or certi          | ficates      |             |                   |   |  |
| Title of license or certificate | Number                                       |           | Issuing A               | gency        | Da          | te Issued         | Date Expired  |  |
|                                 |  |           |                         |              |             |                   |   |  |
| Indicate special sk             | xills that you have ac                       | quired    |                         |              |             |                   |   |  |
| Administrative:                 |  | Fluen     | cy in languages         | other than   | English:    | Heavy Equipme     | ent/Tools:  |  |
| Typing(wpm)                     |  |           | Read                    |              |             |                   |   |  |
| Office Equipment                |  |           | Speak                   |              |             |                   |   |  |
| Computer Software               |  |           |                         |              |             |                   |   |  |
|                                 |  |           |                         |              |             |                   |   |  |
| Certification of l              | Information, Autho                           | orizatio  | on & Release            | e            |             |                   |   |  |
| By My Signature B               | Below, I:                                    |           |                         |              |             |                   |   |  |
| • Certify that a                | ıll answers given here                       | in are tı | rue and comple          | ete to the b | est of my   | knowledge;        |   |  |
|                                 | vestigation of all sta<br>employment decisio |           | s contained in          | this appl    | lication fo | or employment     | as may be necessary in  |  |
| liability incu                  |  | informa   |                         |              |             |                   | cted therewith from al<br>all liability incurred in                       |  |
| understand tl                   |  | g infor   | mation given i          | n my app     | lication of | interview(s) ma   | event of employment, ay result in discharge. on.                          |  |
| applied is fill                 | led utilizing a selection                    | n test, t | he City will p          | rovide not   | ice of the  | time, date, and p | the position for which blace. If I require special seven (7) days prior t |  |
| Signature of Appli              | cant   |           |                         |              |             | Date              |   |  |

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## **Optional Application Survey**

# **Equal Employment Opportunity**

The City of Clayton is an equal opportunity employer. We are required by state and federal employment law to keep records and make reports to the Equal Employment Opportunity Commission. By answering the following questions, you will assist us in our reporting requirements. The information collected will be used for statistical purposes only. THIS FORM WILL NOT BE USED FOR MAKING EMPLOYMENT DECISIONS AND WILL BE SEPARATED FROM YOUR APPLICATION

| Job a    | pplied for: Date:  |
|----------|--|
| Nam      | e: Gender: Male  |
| Vete     | ran of U.S. Military? Yes No Branch:   |
|          | check a category of ethnic origin. Ethnic origin is defined by the Equal Employment Opportuni ission as follows:   |
|          | Black (not of Hispanic origin) – all persons having origin in any of the Black racial groups of Africa.  |
|          | Hispanic – all persons of Cuban, Mexican, Puerto Rican, Central or South American, or other Spanis culture, regardless of race.  |
|          | White (not of Hispanic origin) – all persons having origins in any of the original peoples of Europ North Africa, or the Middle East.  |
|          | American Indian or Alaska Native - all persons having origins in any of the original peoples of Nor America and who maintain cultural identification through tribal affiliations or community recognition                              |
|          | Asian or Pacific Islanders – all persons having origins in any of the original people of Far Eas Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes China, Japa Korea, Philippine Islands, and Samoa. |
| Recruitn | <u>nent</u>  |
| •        | of Clayton is continually evaluating our recruitment efforts. We are requesting your assistance so we rove recruitment efforts. Please specifically indicate how you learned of this position.   |
|          | City of Clayton website  |
|          | Other website (please specify):  |
|          | Newspaper advertisement (please specify):  |
|          | Other advertisement or publication (please specify):   |
|          | Job fair (please specify & date):  |
|          | Referred by current City employee (please specify):  |
| П        | Other (please specify):  |