

ADMINISTRATIVE SERVICES
 1 South Sandusky Street
 Delaware, OH 43015
 (740) 203-1025 Phone
 (740) 203-1049 Fax
 e-mail: recruiting@delawareohio.net

Application For Employment



We consider applicants for all positions without regard to race, color, religion, gender, national origin, sexual orientation, age, marital or veteran status, the presence of a non-job-related medical condition or disability or any other legally protected status. We will not refuse to hire an applicant because of a disability so long as the disabled applicant is qualified to perform the essential requirements of the job with or without reasonable accommodation. The City of Delaware only accepts applications for available positions. Unsolicited applications received that are not in response to a specific advertised position will be returned to sender.

Position Applied For:	Date of Application
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Last Name	First Name	Middle Name
Address	<i>Number & Street</i>	City
Phone #:	<i>[Home]</i>	<i>[Work]</i>
E-mail	Social Security Number	<i>[Cellular]</i>
		State
		Zip

Have you ever been employed with us before? Yes No
 If yes, give dates _____

Are you age 18 or over? Yes No

On what date would you be available for work? _____
 Are you available to work:
 Full Time Part Time Seasonal

Have you ever been convicted in civilian or military courts of a felony or a misdemeanor (other than a minor traffic offense)? Yes No
(A conviction will not necessarily be a bar to employment. Factors such as date, nature, and number of offenses, age at the time of the offense and rehabilitation will be considered.)
 If yes, please explain

(These questions will be considered only regarding jobs that required employees to drive as part of their duties)
 Do you currently possess a valid Ohio Drivers License? Yes No
 Has your driver's license ever been suspended because you operated a motor vehicle while under the influence of alcohol or drugs of abuse? Yes No
 If yes, please explain

Education

	High School or GED				Undergraduate College/ University					Graduate/ Professional				
School Name and Location														
Years Completed	9	10	11	12	1	2	3	4	5	1	2	3	4	5
Diploma / Degree														
Describe Course of Study														
Describe any specialized training, apprenticeship, skills, and extra-curricular activities														
Describe any honors you have received														
State any additional information you feel may be helpful to us in considering your application														

(Educational level will be considered only to the extent a particular level of educational achievement is necessary for successful job performance.)

List professional, trade, business, or civic activities and offices held.
You may exclude memberships which would reveal gender, race, religion, national origin, age, ancestry, disability, political affiliation, or other protected status.

References

List three work-related references, not related to you, preferably in a supervisory roll.

Name	Telephone Number	Position	Years Known
1.			
2.			
3.			

List any relatives presently employed by the City of Delaware and state how you are related:

If you have served in the US Armed Forces, are you currently discharged from active duty? Yes No

Smoking: Smoking is officially prohibited in both the public and work areas of all city facilities.

Residency Requirements: Dependent on job classification.

Special Skills and Qualifications:

Summarize special job-related skills and qualifications acquired from employment, military or other experience.

Additional Information:

Applicant's Statement

I have read and fully understand the questions asked in this application. I certify that all answers given by me are true, accurate, and complete, and understand the omission and / or misrepresentation of any fact from the application or any interview may be cause for immediate dismissal. I hereby authorize the City to obtain reference information concerning the misrepresentation of any fact given on this application or during any interview and release all persons from liability in so doing.

If hired, I agree to abide by all of the City rules and regulations and understand that, if employed, my employment may be terminated with or without cause, and with or without notice, at any time, at the option of the City or me. I further understand that no representation, whether oral or written, by any representative or agent of the City, at any time, can constitute a contract of employment. I understand the City and all plan administrators shall have the maximum discretion permitted under law to administer, interrupt, modify, discontinue, enhance, or otherwise change all policies, procedures, benefits, or other terms or conditions of employment. No representative or agent of the City has the authority to enter into any agreement for employment for any specified period of time or to make any change in policy, procedure, benefit, or other term or condition of employment other than in a document signed by the City Manager, or to make an agreement contrary to the foregoing.

Submitted applications become property of the City of Delaware, as a matter of public record, and are subject to disclosure.

Signature of Applicant

Print Name

Date

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, political affiliation, or other protected status. **This section must be filled out, even if you are attaching a resume.**

May we contact your present employer? Yes No

May we contact your past employer[s]? Yes No

1.	Employer	Dates Employed		Work Performed
	Address			
	Phone Number[s]	Hourly Rate/Salary		
	Job Title Supervisor	Starting	Ending	
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
	Address			
	Phone Number[s]	Hourly Rate/Salary		
	Job Title Supervisor	Starting	Ending	
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
	Address			
	Phone Number[s]	Hourly Rate/Salary		
	Job Title Supervisor	Starting	Ending	
	Reason for Leaving			
4.	Employer	Dates Employed		Work Performed
	Address			
	Phone Number[s]	Hourly Rate/Salary		
	Job Title Supervisor	Starting	Ending	
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

Equal Employment Opportunity Survey

Position applied for: _____

Date of application: _____

TO ALL APPLICANTS: The following request information in no way affects you as an individual applicant. This information is being gathered for research validation of selection instruments, and federal and state reporting requirements only. This form will be removed from the application before processing.

INSTRUCTIONS: Place your answer to each question in the space provided.

_____ A. What sex are you? 1. Male 2. Female

_____ B. Of which Racial/Ethnic Group do you consider yourself a member?
1. American Indian (including Alaskan Native)*
2. Black 5. Hispanic **
3. Asian 6. White
4. Native Hawaiian (or other Pacific Islander) 7. Two or more races

_____ C. Do you have a physical or mental disability [Answer is strictly voluntary]?
(A person with a "disability" is an individual who has a physical or mental impairment that substantially limits one or more of his/her major life activities, has a record of such impairment, or is regarded as having such impairment)

_____ D. How did you learn about this job?
1. Newspaper, [Name] _____
2. Professional Journal / Newsletter [Name] _____
3. College Office
4. Word of Mouth
5. Job posting at City Building
6. City of Delaware Website
7. Other _____

* American Indian includes any of the original people of North America who maintain cultural identification through tribal affiliation or community recognition.

** Hispanic includes persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish origin or culture regardless of race.

Please be sure to sign Applicant's Statement.

PRINT NAME:

Last Name

First Name

Middle Name