



# APPLICATION FOR EMPLOYMENT

Human Resources Department, 1368 Research Park Drive, Beaver Creek, Ohio 45432  
 Phone: (937) 320-7387 Fax: (937) 427-5545 Email: hr@beavercreekohio.gov

Positions Desired: \_\_\_\_\_ Salary Expected: \_\_\_\_\_ / Hour

Full Time  Part Time  Seasonal  Internship

Application Date: \_\_\_\_\_ Date Available for Work: \_\_\_\_\_

- Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation during the application and/or interview process should notify a representative of the Human Resources Department.
- Applications are kept on file for one year. Please keep a copy for your files.
- Please answer all questions accurately and completely. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provide is accurate and complete.

How did you learn about us/this job? (Check One)

Advertisement  Friend/Relative  City/Employee  City Website  Walk-in  Other

## Applicant Information

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
First Name Middle Initial Last Name

Address: \_\_\_\_\_  
City State Zip Code

Telephone No.: (\_\_\_\_) \_\_\_\_\_ Work Phone No.: (\_\_\_\_) \_\_\_\_\_

Cell/Other: (\_\_\_\_) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

If necessary, best time to call you at home: \_\_\_\_\_ a.m.  p.m.  Anytime

May we contact you at work? Yes  No

## General Information

Are you now, or have you ever been employed with the City of Beaver Creek? Yes  No

If yes, please give date(s) and position(s). \_\_\_\_\_

Do you have relatives employed by the City? Yes  No

If yes, please give name, relationship, and department. \_\_\_\_\_

Are you at least 18 years old? Yes  No

*If you are under 18 and it is required, can you furnish a work permit?* Yes  No

Are you lawfully eligible to work in the United States? Yes  No

Do you have a valid Ohio Drivers License? Yes  No  Operator's  CDL  Endorsements: Yes  No

Drivers License No.: \_\_\_\_\_ Expiration: \_\_\_\_\_

Have you ever had your license suspended? If yes, please explain. \_\_\_\_\_

*Note: You may be disqualified from employment in certain positions with the City of Beavercreek if the results of the criminal background check reveal a particular criminal history.*

## 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.

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  Telephone No.: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
City State Zip Code

Supervisor's name and title: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes  No  Telephone No.: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
City State Zip Code

Supervisor's name and title: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes  No  Telephone No.: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Address: \_\_\_\_\_

City State Zip Code

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes  No  Telephone No.: (\_\_\_\_) \_\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Address: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_<sup>City</sup> \_\_\_\_\_<sup>State</sup> \_\_\_\_\_<sup>Zip Code</sup> \_\_\_\_\_ Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Education and Training**

Check the highest school grade completed.

High School: 9  10  11  12  College: 13  14  15  16  17  18  19

Name of School	Address	Courses of Study	Credits Completed Semester/Quarter Hours	Degree or Certificate Earned

List any job-related schools attended or vocational training received. (If additional space is required, please list separately as an attachment.)

Name of School	Date(s)	Type of Training

List any professional licenses or certificates.

Title of license or certificate	Number	Issuing Agency	Date Issued/Date of Expiration

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**Special Skills:**

Typing \_\_\_\_\_ (wpm) Calculator  Word  Excel  Outlook  Access

Other (Specify): \_\_\_\_\_

\_\_\_\_\_

Heavy Equipment Tools: \_\_\_\_\_

\_\_\_\_\_

**References (Relatives are not acceptable references)**

Name & Title	Occupation	Address (Include City, State & Zip Code)	Phone No.

**Certification of Information, Authorization & Release**

**ALL APPLICANTS:** Please read the following and address any questions to the Human Resources Representative before signing.

I affirm that the information provided on this application and any accompanying documents is true and complete to the best of my knowledge. I understand that, if I am employed by the City of Beavercreek, its subsequent discovery of any false statements, significant omissions, or misleading information provided by me in connection with this application may result in termination of my employment.

I authorize investigation of all statements contained in this application and any accompanying documents as may be necessary in arriving at an employment decision. I also understand that the city will perform a background check on me. I authorize this background check and also authorize all personnel, schools, companies, corporations, and law enforcement agencies to supply the City of Beavercreek with any and all pertinent information they may have about me. I release the same from any liability in connection with their provision of such information.

I understand that the City of Beavercreek may be required to submit/release this application and its accompanying documents, in response to a public records request. I release the City of Beavercreek and its agents, from any liability that may result from submitting/releasing such information.

I acknowledge that the City of Beavercreek may require, as a condition of any offer of employment that is made, or for continued employment, that I undergo a medical exam, drug testing, or alcohol testing, and I consent and agree to any such exam, if required now or in the future. I understand that a satisfactory drug test result is a condition of employment with the City.

I understand that federal law prohibits the employment of unauthorized aliens and requires satisfactory proof of employment authorization and identity. I further understand that all persons hired must submit satisfactory proof of employment authorization and identity. I agree to have necessary documents promptly available for inspection as required by law.

I understand that this application is not a contract of employment. If employed, I understand that I will be required to abide by the City of Beavercreek's Rules and Regulations. I understand that the City of Beavercreek follows an "employment at will" policy, in that I or the City may terminate my employment at any time, or for any reason consistent with applicable state or federal law; this "employment at will" policy cannot be changed verbally or in writing, unless the change is specifically authorized in writing by the City Manager.

I understand that the City of Beavercreek is an Equal Opportunity Employer.

By signing below, I acknowledge that I have read and understand the above notice, and I authorize the pre-employment checks and tests listed therein.

\_\_\_\_\_  
**Signature of Applicant**

\_\_\_\_\_  
**Date**

## EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

Applicants for employment are requested, but not required, to provide the following supplementary data. Availability of this data assists in the maintenance of an Equal Employment Opportunity Program. Please DO NOT place your name on this form.

**THIS FORM IS VOLUNTARY AND DOES NOT AFFECT YOUR EMPLOYMENT STATUS.**

Position: \_\_\_\_\_

Full-time  Part-time  Seasonal

Date of Application: \_\_\_\_\_

Race or Ethnic Origin:   Caucasian  African-American  Hispanic   
Asian  American Indian  Other

Sex: M  F

**PLEASE DO NOT PLACE YOUR NAME ON THIS FORM.**