## CITY OF GENEVA Application for Employment

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)							
Position(s) Applied For			Date of Ap	plication			
How Did You Learn About Us?							
Advertisement	Friend	Walk-In					
Employment Agency	Relative	Other					
Last Name	First Na	me	Middle Nam	Middle Name			
Address Number S	treet	City	State	Zip Code			
Telephone Number(s)			Social Security N	umber			
If you are under 18 years proof of your eligibility to		de required	□ Yes	□ No			
Have you ever filed an ap	□ Yes	□ No					
Have you ever been empl	$\Box$ Yes	$\Box$ No					
Are you currently employ	$\Box$ Yes	$\Box$ No					
May we contact your pre-	□ Yes	$\Box$ No					
Are you prevented from I country because of Visa of	•	1 0					
Proof of citizenship or imr	nigration status will be required	upon employment.	$\Box$ Yes	$\Box$ No			
		If Yes, give date					
On what date would you	be available for work	?					
Are you available to work: $\Box$ Full Time $\Box$ Part Time $\Box$ Shift Work $\Box$ Temporary							
Are you currently on "lay	□ Yes	$\Box$ No					
Can you travel if a job rea	$\Box$ Yes	$\Box$ No					

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

# Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write							
FLUENT GOOD FAIR							
SPEAK							
READ							
WRITE							

Describe any specialized training, apprenticeship, skills and Extra-curricular activities.

## **Employment Experience**

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations, which include race, color, religion, gender, national origin, disabilities or other protected status.

Name of employer:	Name of last	Employment	Pay or salary
	supervisor	dates	
Address:			
City, State, Zip Code:		From	Start
		То	Final
Phone number:			
	Your last job ti	tle	
Reason for leaving (be specific)			

List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address:			
City, State, Zip Code:		From	Start
		То	Final
Phone number:			
	Your last job ti	tle	
Reason for leaving (be specific)			
List the jobs you held, duties performed	l, skills used or learned, ac	lvancements or <b>p</b>	romotions
while you worked at this company.		_	

Name of employer:	Name of last supervisor	Employment dates	Pay or salary
Address:	-		
City, State, Zip Code:		From To	Start Final
Phone number:			
	Your last job ti	tle	·
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills while you worked at this company.	s used or learned, ad	lvancements or p	romotions

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

# Additional Information

### **Other Qualifications**

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

### Specialized Skills Check Skills/Equipment Operated

Windows	Mac/Apple	Internet	Production Mobile Machinery (list):
Excel	QuickBooks	E-mail	
Microsoft Word	Publisher	Fax	Other (list)
Adobe	PowerPoint	Typewriter	
WordPerfect	PageMaker	Calculator	

State any additional information you feel may be helpful to us in considering your application.

# Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

YES \_\_\_\_ NO

. . .

### References

( )(Phone)
( )(Phone)
( )(Phone)
( )(Phone)
( ) (Phone)

### CITY OF GENEVA APPLICANT RELEASE FORM

I, \_\_\_\_\_, presently reside at \_\_\_\_\_,

\_\_\_\_\_\_, Ohio has applied for employment with the City of Geneva. I have been advised and am fully aware that a representative of the City of Geneva will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, a city representative will make inquires of; officials and record officers at schools which I have attended; physicians and/or other persons who may have examined or tested me for any physical or other type of illness or injury; police or courts with whom I may have an arrest or conviction record; credit bureaus and/or firms which may have information regarding my credit record and/or financial standing; present and previous employers; BMV records and any other persons who may be able to provide information about me which the City of Geneva desires.

I hereby give my permission and waive all provisions of law forbidding any physician or any other person who has attended me, or any other school official, court, police agency, credit bureau, employer, firm, or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the City of Geneva. I further consent and request that the public safety director of the City of Geneva or his representative is provide with a copy of any such record concerning me, which they may desire.

I recognize the right of the City of Geneva to treat, at its discretion, certain sources as confidential, and its right to withhold from my agent or me the names of such confidential sources, and information obtained there from.

By: \_\_\_\_\_

Dated: \_\_\_\_\_

Witnesses:

### Affirmative Action Voluntary Information

#### Completion of information below is voluntary.

The City of Geneva considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any similarly protected status. The City of Geneva also complies with all applicable laws governing employment practices and does not discriminate on the basis of any unlawful criteria. Applicant can complete this on a voluntary basis. This is not for interview purposes. This form will be filed separate from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, the City of Geneva invites you to complete this applicant survey. Providing this information is STRICTLY VOLUNTARY. Failure to fill out this survey will not subject you to any adverse personnel decision or action.

This survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

				Please	e Print					
Position (s	s) applying for									
Referral S	sition (s) applying for							Relative		
			A	Applicant I	Informat	ion				
Name	Last	First		Middle		Telephone	(	)		
Address	Street			City		State	Zip C	ode		
Please cho 	American India Native Hawaiia Hispanic/Lating	Equal Employm n/Alaskan Native n/Other Pacific Is (White race only (all other races)	e slander y)		White Asian	Groups: irican America	an		Male Female	
			For	Administr	ative Us	e Only				
• • •	) applied for itions considered	l for	Hired	Available	Yes	Not Av		 No		Other
Position hi	ired for									
	Officials and M Professionals Technicians Sales Workers Service Worker	s		Office and Craft Work Operatives Laborers (I	Clerical W ers (Skille (Semi-sk Jn-skilled)	/orkers d) illed)				
Completed	d By				-	Date/	/_			