

CITY OF NAPOLEON APPLICATION FOR EMPLOYMENT



The City of Napoleon is an equal opportunity employer and employment decisions are made without regard to race, religion, color, sex, pregnancy, sexual orientation, genetic information, national origin and ancestry, age (where protected by law), veteran status, disability, or military status.

Even if you are submitting supplemental information with your application, all information on the City of Napoleon Application for Employment must be complete. Once submitted to the City this application will become a public record.

Title of Position Applying for: _____ **Application Date:** _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____ County _____

Phone () _____ Email _____

The following information will be used only if it is directly related to the position or examination for which you are applying:

- | | YES | NO |
|---|-----|----|
| 1. Are you legally authorized to work in the United States?.....
<i>Proof of Citizenship or Immigration Status will be required upon employment.</i> | | |
| 2. Are you a resident of Ohio or willing and able to become and remain one?..... | | |
| 3. Do you have a valid driver's license?..... | | |
| 4. Have you been employed by the City of Napoleon, the state, or
any political subdivision of Ohio?..... | | |
| 5. Are you willing to meet the residency requirement of the City?..... | | |
| 6. Do you grant permission to contact your current employer?..... | | |
| 7. Do you have any relatives currently employed by the City of Napoleon?..... | | |

If you answered "YES" to question #4 or #7, please explain fully, indicating by number the question to which you are responding.

EMPLOYMENT HISTORY

Please list your past work experience beginning with your current or most recent employment. Military experience and volunteer work may also be included as employment. To be considered for employment, you must fill in the information below, accurately, and completely. You may submit a résumé *in addition to* completing this section to reference your complete work history. If applying for a civil service examination, only the information provided below will be considered.

If you need additional space, attach extra copies of this page.

Employer _____ Phone () _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____	From _____ / _____ / _____ <small style="text-align: center;">Month Day Year</small> To _____ / _____ / _____ <small style="text-align: center;">Month Day Year</small> Salary _____ Supervisor's Name and Title _____
Employer _____ Phone () _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____	From _____ / _____ / _____ <small style="text-align: center;">Month Day Year</small> To _____ / _____ / _____ <small style="text-align: center;">Month Day Year</small> Salary _____ Supervisor's Name and Title _____
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REFERENCES

In the areas below, please provide three (3) professional references:

Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

Name _____ Phone (_____) _____

Address _____

City _____ State _____ Zip _____

EDUCATION

High School Graduate? Yes No

Name and Location of High School (city and state) _____

GED Certificate Number _____ GED Issued by _____

POST-HIGH SCHOOL EDUCATION

Including Technical, Business or Professional School, College and University

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION

LICENSES, REGISTRATION, AND CERTIFICATES

Be sure to include any valid driver license or commercial driver license.

LICENSE/CERTIFICATION	FIELD/TRADE	LICENSE/CERTIFICATE NUMBER	EXPIRES

TRAINING AND OTHER QUALIFICATIONS

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

List special equipment or machines you can operate: _____

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software: _____

List special clerical skills, including typing and shorthand: _____

List any additional relevant skills you have: _____

APPLICANT'S CERTIFICATION & AGREEMENT

I hereby certify that the information and facts set forth in this application are true, complete without omission to the best of my knowledge. I understand that any falsification, misrepresentations, omissions of any facts, or incomplete statements in this application or other documents submitted for consideration of employment, such as a resume, or in any interview, will be cause for denial of employment or immediate termination of employment, if employed, regardless of the timing or circumstance of discovery.

I authorize the City of Napoleon to investigate any and all information provided or known. I hereby authorize any and all schools, employers, references, regulatory boards, courts and any others who have information about me to provide such information to the City of Napoleon and/or any of its employees, representatives, agents or vendors. I release any such person, company, institution, or government agency from any liability for any and all damages that may result from providing and/or furnishing such information to the City of Napoleon with regard to this application for employment.

I understand that prior to hire the City conducts background investigations of selected candidates. The background investigation process normally includes contacting current employers, previous employers, and references, and anyone else who those sources recommend. Both a criminal record and a driving record check will be performed. Pre-employment drug testing and medical examinations may be required pursuant to a conditional offer of employment. I understand that failing the post-offer drug test will result in the City immediately rescinding the job offer rendered to me or the termination of employment if I am already employed. I further understand that failing the post-offer medical examination may result in my disqualification for the specific job for which I am being considered.

In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates. I hereby authorize the City of Napoleon to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

I have read, understand, and agree to the above statements and conditions.

APPLICANT SIGNATURE _____ **DATE** _____

**THE CITY OF NAPOLEON, OHIO
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

**FORM 1.06(E)
EEO APPLICANT FLOW FORM**

** The information below is used for HR purposes in order to fulfill reporting requirements for the Equal Employment Opportunity Commission. The information provided is not used for selecting candidates.**

Name _____ Date _____

Street Address _____

City, State, Zip _____

If you are applying for a specific position, please indicate:

Job Title _____ Position Control No. (PCN) _____

Agency/Department _____

If you are applying for a civil service examination, please indicate:

Exam No. _____ Exam Title _____

How did you learn about this position or examination?

- Centralized Recruitment Office Paper Vacancy Posting
 Civil Service Test Announcement Newspaper
 Electronic/Computer Posting Other _____

Sex: Male Female

Disability: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities: Yes No

Veteran Status: Are you a veteran? Yes No

Disabled Veteran Vietnam Era Veteran Desert Storm/Shield Veteran

I do not wish to release this information

This applicant flow form should be submitted with your application. The agency will process this survey separately and use the information for statistical purposes only.

NOTE: We request the information on this applicant flow form in order to assist our equal employment opportunity efforts. This information is *voluntary* and will in no way affect the processing of your application or your being considered for employment.

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SELECTION, HIRING, AND DOCUMENTATION MANUAL**

**FORM 1.06(E)
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** The information below is used for HR purposes in order to fulfill reporting requirements for the Equal Employment Opportunity Commission. The information provided is not used for selecting candidates.**

Race:

White	Persons having origins in any of the original peoples of Europe or the Middle East
Black	Persons having origins in any of the black racial groups of Africa
Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race
Native American or Alaskan Native	Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition
Asian/Pacific Islanders	Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands

I do not wish to release this information