

APPLICATION FOR EMPLOYMENT

Even if you are submitting supplemental information with your application, all information on this City of Napoleon Application for Employment must be complete.

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.



The City of Napoleon performs criminal background checks on prospective employees. The Ohio Revised Code prohibits the City of Napoleon from hiring individuals with certain criminal records (i.e. R.C. 2921.41, R.C. 3721.121).

Personal Information

Name

as Printed on Social Security Card Last First Middle Alias

Mailing Address

Street Address PO Box City State Zip Code

Phone Number

Primary Alternate

Email Address

Social Security Number

Do you have the legal right to live and work in the U.S.? Yes No Are you 18 years of age or older? Yes No
Proof of citizenship or immigration status will be required upon employment.

Have you lived at your address for more than 7 years? Yes No **If no, please include another sheet with other addresses.

Emergency Contact Information

Name Phone

Employment Desired

Part Time Full Time Shift Preference 1st 2nd 3rd

Position(s)

Salary Desired

Date you can start

Do you have prior public service working for the State of Ohio or a political subdivision of the State? Yes No
If yes, be sure to include in Employment History section.

Have you ever applied to Napoleon before? Yes No When? Which office or department?

Have you previously worked for Napoleon? Yes No When? Which office or department?

List any immediate family members employed by The City of Napoleon:

Name Department Relationship

Can you travel if the job requires it? Yes No

If you become employed by the City, your earnings will not be covered under Social Security, as the City participates in the Ohio Public Employees Retirement System or OP&F. When you retire, or if you become disabled, you may receive a pension based on earnings from your employment with the City. If you do, and you are also entitled to a benefit from Social Security based on either your own work or the work of your husband or wife, or former husband or wife, your pension may affect the amount of the Social Security benefit you receive. Your Medicare benefits, however, shouldn't be affected.

Education

Upon employment, the successful applicant may be required to provide proof of graduation or G.E.D.

| Name and Location of School (City/State) | Highest Level Completed | Did you graduate? | Field of Study |
|--|-------------------------|-------------------|----------------|
| High School or GED Courses | 9 10 11 12 | | |
| College or Trade School | 1 2 3 4 5 5+ | | |
| Graduate or Business School | 1 2 3 4 5 5+ | | |

List special equipment or machines you can operate:

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

List special clerical skills, including keyboarding and shorthand/speedwriting:

Are you a veteran? Yes No If yes, what branch of service?

List Rank Length of Service

Licenses, Registrations, and Certifications

Upon employment, the successful applicant must provide copies of all licenses/certifications required for the position.

Driver's License - Check if CDL State License No. Expiration Date

Other License/Certification (LISW, STNA, First Aid/CPR, Notary, etc.) License/Certification Number Expiration Date

Professional References

Persons who have known you for at least one year. **Do not include relatives you've worked for.**

| Name and Occupation | Address | Telephone | Years Known |
|---------------------|---------|-----------|-------------|
| | | | |
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Employment History

Are you currently employed?

Yes Full-time

Yes Part-time

No

Beginning with your most recent, list below present and any past employment within the past 15 years (do not omit employers in history). All sections must be completed for each employer. Attached resume or additional pages if more space is needed.

| | | |
|------------------------|--|--|
| Business | Hire Date | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary |
| Address | Ending Date | Reason for Leaving |
| | Position(s) Held | |
| Type of Business | Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise? | |
| Telephone | Describe Job Duties | |
| Last Supervisor's Name | | |
| Ending Salary | | |

| | | |
|------------------------|--|--|
| Business | Hire Date | <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Temporary |
| Address | Ending Date | Reason for Leaving |
| | Position(s) Held | |
| Type of Business | Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise? | |
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| Address | Ending Date | Reason for Leaving |
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| Type of Business | Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise? | |
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| Address | Ending Date | Reason for Leaving |
| | Position(s) Held | |
| Type of Business | Was this a supervisory position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how many employees did you supervise? | |
| Telephone | Describe Job Duties | |
| Last Supervisor's Name | | |
| Ending Salary | | |

Summary of Qualifications

In the area below, describe briefly the experience, education, training, and other factors that qualify you for the position for which you are applying. Refer to the Minimum Qualifications and any position-specific qualifications posted for the position.

Release and Authorization

READ CAREFULLY BEFORE SIGNING

INITIAL each statement in the line provided. All lines must be initialed for application to be considered.

- _____ I certify that I can perform the essential functions of the job for which I have applied, with or without reasonable accommodation.
- _____ I understand that false statements or misleading information given in my application or interview(s) may result in discharge from employment regardless of when such information is discovered.
- _____ I authorize the City of Napoleon, to obtain copies of my work record and educational history from my former employers and/or educational institutions.
- _____ I authorize the City of Napoleon to obtain an abstract of my driver's license or commercial driver's license record, as well as any prior criminal convictions as it relates to the position for which I am applying.
- _____ I release all parties from all liability for any damage that may result from the release and use of medical, educational, and employment-related information to the City of Napoleon.
- _____ I understand that any offer of employment is conditioned upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act and other applicable laws. I further understand that my social security number must be provided upon employment.
- _____ I understand that a post-employment physical examination or drug screening may be required for certain positions.
- _____ In the event that I am hired, I authorize the City of Napoleon to update and supplement this information during my employment with the City.
- _____ In consideration of the City's review of my application, I agree that any claim or lawsuit arising out of my employment with, or my application for employment with the City, its officials, boards, and agencies must be filed no more than six months after the date of the employment action that is the subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six months, I agree to be bound by the six month period of limitation set forth herein, and **I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY**. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a lawsuit, the court shall enforce this provision as far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the suit should have been commenced.
- _____ I certify that the facts contained in this application are true and complete to the best of my knowledge and belief. I understand that this application must be completed in full or it may not be considered.

Applicant's Signature

Date

Sworn to before me and signed in my presence

this _____ day of _____, 20_____

Notary's Signature

(seal)

(typed or printed name)

Notary Public, State of Ohio

My commission expires _____

Applications submitted without a notary will still be considered for employment; however, application must be notarized prior to interview/offer of employment.