

# Application for Employment



**City of Fairlawn**  
 3487 S. Smith Road  
 Fairlawn, Ohio 44333  
 330-668-9500

*(PLEASE PRINT)*

Last Name		First Name		Middle Initial	
Address				Apt. #	
E-mail Address			Telephone Number		
Position Applying For:			Date		SSN (Last 4 digits)

Have you ever applied for a job with the City before?  YES  NO  
 If yes, specify \_\_\_\_\_

Have you ever been employed with the City before?  YES  NO  
 If yes, specify \_\_\_\_\_

Do any of your relatives work for the City?  YES  NO  
 If yes, specify \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*(Proof of citizenship or immigration status will be required upon employment)*  YES  NO

Are you available to work :  Full-Time (please indicate: 1<sup>st</sup> 2<sup>nd</sup> 3<sup>rd</sup>)  
 Part-Time (please indicate: Mornings Afternoons Evenings)  
 Seasonal (please indicate dates: available (\_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_))

Do you have a valid driver's license?  YES  NO  
 If yes, either include a copy (voluntary) or list license # \_\_\_\_\_ issue date \_\_\_\_\_ State \_\_\_\_\_

Can you show proof of insurance on your automobile?  YES  NO  
 If yes, please include a copy.

**MILITARY**

Have you ever served in the armed forces of the United States?  YES  NO

From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Branch \_\_\_\_\_

Please submit a copy of your DD-214 form with this application.

**EMPLOYMENT**

Are you currently on "lay-off" status and subject to recall?  YES  NO

Have you ever worked or attended school under any other name?  YES  NO

If yes, please explain

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Have you ever been terminated from a position or disciplined at work?  YES  NO

If yes, give details

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Are you capable of performing with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied?

\_\_\_\_\_ YES \_\_\_\_\_ NO

# **EMPLOYMENT EXPERIENCE**

Start with your current or most recent job. (If you need additional space, please continue on separate paper.)

<b>1. Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Current/Final Salary		
Reason for Leaving			
<b>2. Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Current/Final Salary		
Reason for Leaving			
<b>3. Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Current/Final Salary		
Reason for Leaving			
<b>4. Employer</b>	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Current/Final Salary		
Reason for Leaving			

## **BUSINESS REFERENCES (SUPERVISORS AND CO-WORKERS)**

1) Name	Telephone Number	E-mail Address
Address		
2) Name	Telephone Number	E-mail Address
Address		
3) Name	Telephone Number	E-mail Address
Address		

# EDUCATION

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<b>High School</b>	Address	
Course of Study		No. of Years Completed
Diploma/Degree		
<b>Undergraduate College</b>	Address	
Course of Study		No. of Years Completed
Diploma/Degree		
<b>Graduate/Professional</b>	Address	
Course of Study		No. of Years Completed
Diploma/Degree		
<b>Other Specify</b>	Address	
Course of Study		No. of Years Completed
Diploma/Degree		

## **OTHER QUALIFICATIONS**

List any special certifications, such as LEADS, OPOTA, EMT, Firefighter, CDL, ASE, etc. Summarize special job related skills and qualifications acquired from employment or other experience. Please submit a copy of all current job related certifications with this application.

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## **PRIOR RESIDENCE INFORMATION (PAST 7 YEARS)**

1. (Street, City, State)	
Date Resided	Zip
2. (Street, City, State)	
Date Resided	Zip
3. (Street, City, State)	
Date Resided	Zip
4. (Street, City, State)	
Date Resided	Zip
5. (Street, City, State)	
Date Resided	Zip

# APPLICANT'S STATEMENT

STATE OF OHIO            )  
  )  
COUNTY OF SUMMIT    )

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application of employment as may be necessary in arriving at an employment decision. I understand that this application for employment shall be considered active for a period of time not to exceed 365 days and that at the expiration of that time period, I must reapply.

I understand that if any information given by me in the application and/or interview(s) is false or misleading. I will be disqualified from being considered for employment with the City of Fairlawn, or if I have been hired, that I will be subject to dismissal regardless of whether I have completed the probationary period, regardless of the passage of time after my hiring, and notwithstanding the receipt of any interim satisfactory performance.

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

\_\_\_\_\_  
Date

Sworn to before me and subscribed in my presence by the above named applicant this

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Notary Public