



**The City of Mount Vernon, Ohio**  
 40 Public Square  
 Mount Vernon, OH 43050

**APPLICATION FOR EMPLOYMENT**  
*An Equal Opportunity Employer*

Please print all information

Page 1

Position Applied For:		Department:		Date:	
Last Name:	First Name:	Middle Name:			
Date of Birth (If applying for Fire or Police Depts.)			Social Security No:		
Address	Number and Street	City	State	ZIP	
Telephone: Cell:		Daytime		Evening	
e-mail:					
For checking prior records, provide other name(s) under which you are known:					

You are available to work  Full-Time  Part-Time  Temporary Date you can begin work \_\_\_\_\_

Are you currently employed? .....  Yes  No May we contact your present employer? .....  Yes  No

Are you 18 years or older? .....  Yes  No Are you legally eligible for employment in the U.S.? .....  Yes  No

Have you ever applied and/or worked for the City before? .....  Yes  No If yes, with whom? \_\_\_\_\_ When? \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Is there anything to prevent you from being at work on time and every day? .....  Yes  No If yes, explain \_\_\_\_\_

Are you able to perform the required duties of the specific job for which you are applying with or without accommodation? .....  Yes  No If no, explain \_\_\_\_\_

Do you have any relatives currently employed here? .....  Yes  No If yes, who? \_\_\_\_\_

**EDUCATION** Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4

SCHOOLS	NAME OF SCHOOL / ADDRESS	MAJOR / SUBJECTS STUDIED	DIPLOMA / DEGREE	GRADUATE?
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business or Correspondence:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you now attending school?  Yes  No  Full-Time  Part-Time What courses? \_\_\_\_\_

Describe any specialized training you have completed:

Level of educational achievement will be considered only to the extent that it is job related.

**MILITARY**

Have you ever been in the **active** U.S. Armed Services?  Yes  No If yes, what branch? \_\_\_\_\_ Dates \_\_\_\_\_

Discharged?  Yes  No Are you applying for military credit?  Yes  No If yes, please file a copy of your discharge/release with this application.

Are you or have you ever been in the U.S. **Reserves**?  Yes  No If yes, what branch? \_\_\_\_\_ Dates \_\_\_\_\_  
 (Reserve duty is not eligible for military credit)

**The City of Mount Vernon, Ohio  
APPLICATION FOR EMPLOYMENT**

Please print all information

**EMPLOYMENT HISTORY**

NAME & ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM	TO	DESCRIBE THE WORK YOU DID AND YOUR TITLE	WEEKLY START SALARY	WEEKLY END SALARY	REASON FOR LEAVING	NAME, TITLE & PHONE # OF YOUR SUPERVISOR
	MO - YR	MO - YR					

**REFERENCES** List below the names of three persons not related to you who can attest to your work ability.

NAME AND BUSINESS	ADDRESS	DAYTIME PHONE	YEARS KNOWN
		( )	
		( )	
		( )	

**APPLICANT'S STATEMENT** Please read carefully before signing.

I certify that the facts contained in this application are true and complete to the best of my knowledge. Should The City of Mount Vernon employ me, any false or misleading information on my application or related papers or during any oral interviews will result in my employment being immediately terminated.

I authorize investigation of all statements contained in this application and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to arrive at an employment decision. I hereby release The City and any former employer and any third party from any liability whatsoever that may be imposed as a result of the release of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

If separated from employment from The City of Mount Vernon for any reason, I authorize The City to furnish any information related to my employment to any employment reference and release from liability The City and/or any person giving or receiving any such information.

I understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, pre-employment drug and alcohol testing will be required.

I understand that I am required to abide by all rules and regulations of The City of Mount Vernon. I have read, understand and agree to the above.

Signature of Applicant

Date

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizenship, age, marital or veteran status, or the presence of a non-job-related medical disability or handicap.*

**DO NOT WRITE BELOW THIS LINE**

Date Application Received ____ / ____ / 20__		Time Received ____ : ____ a.m. / p.m.		Payment <input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$ _____		Initials	
Hired <input type="checkbox"/> Yes <input type="checkbox"/> No		For Dept.		Position		Start Date	
						Salary/Wages	
Approved:							
_____				_____			
Department Head				Safety - Service Director			