



**YOUR EDUCATION AND TRAINING**

PLEASE CIRCLE THE HIGHEST GRADE COMPLETED:

1 2 3 4 5 6 7 8  
Grade School

9 10 11 12  
High School

1 2 3 4 5 6  
College/University

1 2 3 4  
Trade/Tech.

WHAT WAS THE NAME OF THE GRADE SCHOOL YOU ATTENDED? \_\_\_\_\_

WHAT WAS THE LOCATION OF THE GRADE SCHOOL YOU ATTENDED? \_\_\_\_\_

WHAT WAS THE NAME OF THE HIGH SCHOOL YOU ATTENDED? \_\_\_\_\_

WHAT WAS THE LOCATION OF THE HIGH SCHOOL YOU ATTENDED? \_\_\_\_\_

WHAT WAS THE NAME OF THE COLLEGE OR UNIVERSITY YOU ATTENDED? \_\_\_\_\_

WHAT WAS THE LOCATION OF THE COLLEGE OR UNIVERSITY YOU ATTENDED? \_\_\_\_\_

WHAT WAS THE NAME OF THE TRADE OR TECHNICAL SCHOOL YOU ATTENDED? \_\_\_\_\_

WHAT WAS THE LOCATION OF THE TRADE OR TECHNICAL SCHOOL YOU ATTENDED? \_\_\_\_\_

WHAT SUBJECTS HAVE YOU STUDIED, WHAT EXTRACURRICULAR ACTIVITIES DID YOU PARTICIPATE IN, OR WHAT SPECIAL SKILLS HAVE YOU ACQUIRED, WHICH MIGHT BE HELPFUL IN THE POSITION FOR WHICH YOU ARE APPLYING?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR EMERGENCY CONTACT**

IN CASE OF EMERGENCY NOTIFY \_\_\_\_\_  
NAME ADDRESS PHONE

**YOUR WORK EXPERIENCE**

ARE YOU PRESENTLY EMPLOYED? \_\_\_\_\_ YES \_\_\_\_\_ NO

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? \_\_\_\_\_ YES \_\_\_\_\_ NO IF YES, TO WHERE? \_\_\_\_\_

BEGINNING WITH YOUR PRESENT OR MOST RECENT EMPLOYER, DESCRIBE YOUR EMPLOYMENT EXPERIENCES ON THE FOLLOWING PAGES.

1. NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STARTING POSITION: \_\_\_\_\_

FINAL POSITION: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TITLE: \_\_\_\_\_ SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF YOUR WORK & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WILL YOU RECEIVE A SATISFACTORY REFERENCE FROM THIS EMPLOYER? \_\_\_\_ YES \_\_\_\_ NO IF YOUR ANSWER IS

“NO,” PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

MAY WE CONTACT YOUR PRESENT EMPLOYER AT THIS TIME? \_\_\_\_ YES \_\_\_\_ NO IF YOUR ANSWER IS “NO,”

PLEASE EXPLAIN: \_\_\_\_\_

2. NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STARTING POSITION: \_\_\_\_\_

FINAL POSITION: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TITLE: \_\_\_\_\_ SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF YOUR WORK & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WILL YOU RECEIVE A SATISFACTORY REFERENCE FROM THIS EMPLOYER? \_\_\_\_ YES \_\_\_\_ NO IF YOUR ANSWER IS

“NO,” PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

3. NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

STARTING POSITION: \_\_\_\_\_

FINAL POSITION: \_\_\_\_\_

DATES EMPLOYED: FROM \_\_\_\_\_ TO: \_\_\_\_\_ SUPERVISOR'S NAME: \_\_\_\_\_

SUPERVISOR'S TITLE: \_\_\_\_\_ SUPERVISOR'S PHONE NUMBER: \_\_\_\_\_

DESCRIPTION OF YOUR WORK & RESPONSIBILITIES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

REASON FOR LEAVING: \_\_\_\_\_

WILL YOU RECEIVE A SATISFACTORY REFERENCE FROM THIS EMPLOYER? \_\_\_\_ YES \_\_\_\_ NO IF YOUR ANSWER IS

“NO,” PLEASE EXPLAIN: \_\_\_\_\_  
\_\_\_\_\_

4. NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

5. NAME OF PRESENT OR LAST EMPLOYER: \_\_\_\_\_

ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

TYPE OF BUSINESS: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**ADDITIONAL PERSONAL INFORMATION**

DO YOU HAVE ANY LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE UNITED STATES? \_\_\_\_ YES \_\_\_\_ NO

IF NO, HAVE YOU APPLIED FOR THE LEGAL RIGHT TO REMAIN PERMANENTLY AND WORK IN THE UNITED STATES?

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

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN BY AN EMPLOYER? \_\_\_\_ YES \_\_\_\_ NO

IF YOUR ANSWER IS “YES,” PLEASE EXPLAIN \_\_\_\_\_  
\_\_\_\_\_

DO YOU HAVE A VALID DRIVER'S LICENSE? \_\_\_\_ YES \_\_\_\_ NO LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_

**YOUR MILITARY EXPERIENCE**

COMPLETING THIS SECTION OF THE APPLICATION IS OPTIONAL. LEAVE THIS AREA BLANK IF YOU DO NOT WISH TO ANSWER.

HAVE YOU EVER BEEN IN THE UNITED STATES ARMED SERVICES? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF "YES", WHAT BRANCH? \_\_\_\_\_

DESCRIBE ANY SKILLS YOU ACQUIRED IN THE ARMED SERVICES WHICH WOULD BE USEFUL TO THE JOB FOR WHICH YOU ARE APPLYING: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**YOUR REFERENCES**

COMPLETING THIS SECTION OF THE APPLICATION IS OPTIONAL. LEAVE THIS AREA BLANK IF YOU DO NOT WISH TO ANSWER.

LIST THE NAMES OF ANY PROFESSIONAL OR PERSONAL CHARACTER REFERENCES WHO HAVE KNOWN YOU FOR THE LAST THREE (3) YEARS AND FROM WHOM YOU CAN OBTAIN LETTERS OF RECOMMENDATION. PLEASE DO NOT LIST RELATIVES:

1. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

2. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

3. NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET CITY STATE ZIP

TELEPHONE NUMBER: \_\_\_\_\_ OCCUPATION: \_\_\_\_\_

RELATIONSHIP TO APPLICANT: \_\_\_\_\_

**PLEASE READ THE FOLLOWING PARAGRAPHS CAREFULLY**

NOTE: FOR PURPOSES OF BREVITY, THE "CITY OF NEW FRANKLIN, IN SUMMIT COUNTY, OHIO," SHALL HEREINAFTER BE REFERRED TO AS "THE CITY."

BY SIGNING BELOW, I CERTIFY THAT I HAVE READ, UNDERSTAND AND AGREE TO EACH OF THE FOLLOWING STATEMENTS:

ALL OF THE INFORMATION I HAVE SUPPLIED ON THIS APPLICATION IS TRUE, ACCURATE AND COMPLETE, TO THE BEST OF MY KNOWLEDGE, AND I HAVE NOT KNOWINGLY WITHHELD ANY INFORMATION THAT, IF KNOWN TO *THE CITY*, WOULD AFFECT MY APPLICATION UNFAVORABLY.

IN THE EVENT OF MY PERSONAL INDEBTEDNESS TO *THE CITY*, I AUTHORIZE *THE CITY* TO WITHHOLD FROM MY WAGES SUCH AMOUNTS AS PERMITTED BY LAW, TO SATISFY MY OBLIGATION TO *THE CITY*.

I GIVE *THE CITY* MY PERMISSION TO CONDUCT ANY INVESTIGATION REGARDING THE INFORMATION CONTAINED IN MY EMPLOYMENT APPLICATION, WHICH *THE CITY* THINKS NECESSARY TO DETERMINE MY QUALIFICATIONS FOR ASSUMING A JOB WITH *THE CITY*. I GIVE *THE CITY* MY PERMISSION TO CONTACT ANY FORMER EMPLOYER, SCHOOL, COLLEGE OR UNIVERSITY, UTILITY COMPANY, CREDIT OR FINANCE BUREAU OR OFFICE, ANY PERSONAL OR PROFESSIONAL REFERENCE, OR ANY OTHER APPROPRIATE SOURCE OR INDIVIDUAL FOR THE PURPOSE OF GATHERING ANY INFORMATION, PERSONAL OR OTHERWISE, THAT SUCH SOURCES MAY HAVE ABOUT MY CHARACTER, GENERAL REPUTATION, CREDIT, EDUCATION, OR EMPLOYMENT RECORD, AND I GIVE MY CONSENT TO ANY SUCH SOURCE TO RELEASE TO *THE CITY* WHATEVER INFORMATION THEY HAVE ABOUT ME. I ALSO UNCONDITIONALLY RELEASE ALL NAMED AND UNNAMED SOURCES FROM ANY AND ALL LIABILITY THAT MIGHT RESULT FROM FURNISHING AND INFORMATION ABOUT ME.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_