

# Application For Employment

City of Mansfield, Ohio

## MISSION STATEMENT

We are a team dedicated to providing the highest quality of professional service to positively impact the citizens

We consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status

**COMPLETE ALL SECTIONS AND EACH QUESTION COMPLETELY AND ACCURATELY**

Position Applied For:

Date of Application

How Did You Learn About Us? (Check One)

- Advertisement                       Friend/Relative                       City Employee: \_\_\_\_\_  
 Jobs and Family Services         City's Web Site                       Other: \_\_\_\_\_

Last Name

First Name

Middle Name

Address:

Number & Street

City

State

Zip Code

Telephone Number(s)

Social Security Number

Have you ever filed an application with us before? . . . . .  Yes  No

If yes, give date(s) \_\_\_\_\_

Have you ever been employed by the City of Mansfield? . . . . .  Yes  No

If yes, give department/office(s) and date(s) \_\_\_\_\_

Do any of your friends or relatives work for the City of Mansfield? . . . . .  Yes  No

	Name	Relationship
If yes, please list name and relationship:	_____	_____
	_____	_____
	_____	_____

Are you currently employed? . . . . .  Yes  No

If yes, may we contact your current employer? . . . . .  Yes  No

Are you prevented from being lawfully employed in the U.S. because of visa or immigration status? (Proof of citizenship/immigration status required for hire). . . . .  Yes  No

Are you currently on "lay-off" and subject to recall? . . . . .  Yes  No

Date available for work \_\_\_/\_\_\_/\_\_\_ . Are you available to work:  Full-Time  Part-Time  Temporary

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
College				
Graduate School				
Other (specify)				

Describe any specialized training, apprenticeships, skills, and extra-curricular activities, including any training received in the U.S. military: \_\_\_\_\_

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# ADDITIONAL INFORMATION

**Specialized Skills:** Check if you are proficient in or possess any of the following:

- |  |                                       |   |
|--|---------------------------------------|---|
| <input type="checkbox"/> Microsoft Office Applications | <input type="checkbox"/> Dispatching  | <input type="checkbox"/> Ohio Peace Officer Cert.                 |
| <input type="checkbox"/> Excel/Spreadsheets            | <input type="checkbox"/> Dump truck   | <input type="checkbox"/> CDL: (Check all held)                    |
| <input type="checkbox"/> Data entry                    | <input type="checkbox"/> Back hoe     | <input type="checkbox"/> Class B <input type="checkbox"/> Class A |
| <input type="checkbox"/> Keyboard ___ WPM              | <input type="checkbox"/> Front loader | <input type="checkbox"/> Tanker Endorsement                       |

**Other Qualifications:** Summarize other special skills and qualifications you possess which are related to the position applied for: \_\_\_\_\_

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# EMPLOYMENT EXPERIENCE

Start with your current or most recent job. Attach additional pages if necessary. **All sections must be completed.**

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Ending	
Job Title	Supervisor		
Reason for Leaving			

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Address			
Telephone Number	Hourly Rate/Salary		
	Starting	Ending	
Job Title	Supervisor		
Reason for Leaving			

# REFERENCES (persons not related to you)

1. \_\_\_\_\_  
(Name) (Address) (Phone Number)
2. \_\_\_\_\_  
(Name) (Address) (Phone Number)
3. \_\_\_\_\_  
(Name) (Address) (Phone Number)
4. \_\_\_\_\_  
(Name) (Address) (Phone Number)

# APPLICANT'S STATEMENTS

**READ EACH STATEMENT BELOW AND INITIAL EACH STATEMENT WHICH YOU UNDERSTAND AND AGREE TO ACCEPT:**

1. By my signature below, I certify that all answers given in this application are true and complete. I understand that if any information in this application is found to be false or intentionally misleading or excluded, I may be ineligible for further consideration, or if already employed, my employment may be terminated.

**Initials:** \_\_\_\_\_

2. I understand that if I am selected for employment, my employment is conditioned upon my passing a pre-employment physical and drug test and may also, depending upon the position I am applying for, be conditioned upon passing a criminal background check.

**Initials:** \_\_\_\_\_

3. I understand that if I am employed, I may be required to work evening shift, night shift, weekends, and/or be on-call and be required to work mandatory overtime.

**Initials:** \_\_\_\_\_

4. I understand and accept that if driving a motor vehicle is an essential function of any position I might obtain with the City of Mansfield, my continued employment is conditioned upon my maintaining the operator's license required for such position.

**Initials:** \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature