

# 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)      Email Address      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				

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

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

Employer		Dates Employed		Work Performed
		From	To	
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

# Information Release

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 proudly serve

**TO WHOM IT MAY CONCERN:** I am an applicant for a position with the City of Mansfield. The City needs to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the City.

I hereby authorize any representative of the City of Mansfield bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my consent for full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data for the City to consider in determining my suitability for employment. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be.

I consent to your release of any and all public and private information that you may have concerning me, my work record, my background, my military service records, educational records, my financial status, my criminal history record, including any arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records or recollections of attorneys at law, or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have, or have had an interest, attendance records, and any investigations and discipline, including any files which are deemed to be confidential, and/or sealed.

I hereby release you, your organization, and all others from liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any state or federal laws. I hereby release you, as the custodian of such records of your organization, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the City of Mansfield regardless of any agreement I may have made with you previously to the contrary. The organization requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the City's acceptance and processing of my application for employment, I agree to hold the City of Mansfield, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the City. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and to disclosure of records, and I waive those rights with the understanding that information furnished will be used by the City in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or FAX copy does not contain an original writing of my signature.

This waiver is valid for a period of one year from the date of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to pay any and all charges or fees concerning this request and can be billed for such charges at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Name	Social Security #
Address	Telephone #
City	Zip Code
State	

Applicant's Signature

Date

# Affirmative Action Data Record

To be returned with application

City of Mansfield, Ohio

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*Applicants are treated during the hiring process and employment without regard to race, color, creed, religion, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.*

*As an employer with an affirmative action program, the City of Mansfield complies with government regulations, including affirmative action responsibilities where applicable.*

*The purpose of this form is to comply with government record keeping and reporting requirements. The city files periodic reports on the following information. The completion of this form is optional. If you choose to volunteer the requested information, please note that this information is kept in a confidential file separate from your application. **PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA HEREIN WILL NOT AFFECT ANY EMPLOYMENT DECISION.***

Last Name		First Name		Middle Name	
<hr/>					
Address:	Number & Street		City	State	Zip Code
<hr/>					
Telephone Number(s)			Social Security Number		

**Gender:** ☐ Male ☐ Female **Birth Date:** \_\_\_\_\_

**Ethnic Origin:** ☐ White ☐ Hispanic ☐ Asian/Pacific Islander ☐ African-American  
☐ American Indian/Alaskan Native ☐ Other \_\_\_\_\_

**Check if any of the following are applicable:**

☐ Vietnam Era Veteran ☐ Disabled Veteran ☐ Disabled Individual

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

\_\_\_\_\_  
Date

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# Job Applicant Information

For Your Information. Do Not Return With Application.

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## AFSCME BARGAINING UNIT POSITIONS

Vacant positions in our AFSCME bargaining unit are filled *first* by current bargaining unit employees. If no qualified bargaining unit employee bids on the position, outside applications received during the posting period will be reviewed. The most qualified applicants will be interviewed, and the successful candidate from the interviews will be offered the position.

## NON-BARGAINING POSITIONS

Vacant non-bargaining unit positions are filled from among those candidates who submit an application during the posting period. Qualified current employees are given first consideration. If a current employee is not hired, outside applications received during the posting period will be reviewed. The most qualified applicants will be interviewed, and the successful candidate from the interviews will be offered the position.

## KEEPING APPLICATIONS "ON FILE."

The City only considers applications received during the posting period for each vacancy. We do not keep applications "on file." If you wish to be considered for a vacancy, you must submit an application during the posting period for that vacancy.

**Thank You**  
**Human Resources Director**