

APPLICATION FOR EMPLOYMENT

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

(PLEASE PRINT)

Position(s) Applied For	Date of Application
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How Did You Learn About Us?		
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Inquiry
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____

Last Name	First Name	Middle Name
Address	Number	Street
		City
		State
		Zip Code
Telephone Number(s)		Social Security Number
		- - -

Best time to contact you at home is:	:	_____ am / pm
Do you have a valid Ohio Diver's License?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, provide license # _____		
Have you ever filed an application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, give date _____		
Do any of your friends or relatives work for the City of Cortland?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If Yes, state name, relationship and location _____		
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact your present employer?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in this county because of Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Proof of citizenship or immigration status will be required upon employment		
Date available for work _____/_____/_____	What is your desired hourly rate? _____	
Are you available to work:	<input type="checkbox"/> Full Time	
	<input type="checkbox"/> Part Time	
	<input type="checkbox"/> Temporary	
Are you currently on "lay-off" status and subject to recall?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Can you travel if a job requires it?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
WE ARE AN EQUAL OPPORTUNITY EMPLOYER		

EDUCATION

School	Name and Address of School	Course of study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/ Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status

Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer	Dates Employed	Work Performed
Address	From To	
Telephone Number(s)		
Starting/Present Job Title	Hourly Rate/Salary Starting Final	
Supervisor		
Reason for Leaving	May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Comments: Include explanation of any gaps in employment

NAME: _____

POSITION: _____

DATE: _____

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Three empty horizontal lines for text entry.

Describe any job-related training received in the United States Military.

Three empty horizontal lines for text entry.

List professional, trade, business or civil activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status

Two empty horizontal lines for text entry.

ADDITIONAL INFORMATION

Other qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience

Three empty horizontal lines for text entry.

SPECIALIZED SKILLS (Skills/Equipment Operated)

- | | | | |
|--|---|--|--------------|
| <input type="checkbox"/> Word 2010 | <input type="checkbox"/> Shorthand | Production/ Mobile
Machinery (list) | Other (list) |
| <input type="checkbox"/> Excel 2010 | WPM _____ | _____ | _____ |
| <input type="checkbox"/> Outlook 2010 | <input type="checkbox"/> Website Maint. | _____ | _____ |
| <input type="checkbox"/> Typing
WPM _____ | <input type="checkbox"/> Communication/
Interpersonal Skills | _____ | _____ |

State any additional information you feel may be helpful to us in considering your application

Four empty horizontal lines for text entry.

Are you capable of performing in a reasonable manner, with or without a reasonable accomodation, the activities involved in the job or occupation for which you have applied? A review of the actions involved in such a job or occupation has been given. YES NO

PERSONAL/PROFESSIONAL REFERENCES Do not include family members or past supervisors

Name	Phone Number	Best Time to Call	Occupation
1			
2			
3			

NAME: _____

POSITION: _____

DATE: _____

DRUG SCREENING/BACKGROUND CHECK

I acknowledge that this position will require pre-employment drug screening and background check conducted by the City of Cortland Police Department.

Signature _____

Date: _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationships with this organization is subject to it's collective bargaining agreement with Local 11 OCSEA, ALF-CIO Union.

In the event of employment, I understand that false or misleading information given on my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature: _____

Date: _____

