

CITY OF GENEVA

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, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For			Date of Application
How Did You Learn About Us?			
Advertisement	Friend	Walk-In	
Employment Agency	Relative	Other _____	

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

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

Have you ever filed an application with us before? Yes No
 If Yes, give date _____

Have you ever been employed with us before? Yes No

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No
 Proof of citizenship or immigration status will be required upon employment.

If Yes, give date _____

On what date would you be available for work? _____

Are you available to work: Full Time Part Time Shift Work Temporary

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

Can you travel if a job requires it? Yes No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Education

	Name and Address Of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Indicate any foreign languages you can speak, read and/or write			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

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

Employment Experience

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

Name of employer: Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment dates	Pay or salary
		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

Name of employer: Address: City, State, Zip Code: Phone number:	Name of last supervisor	Employment dates	Pay or salary
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List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

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		From To	Start Final
Your last job title			
Reason for leaving (be specific)			
List the jobs you held, duties performed, skills used or learned, advancements or promotions while you worked at this company.			

If you need additional space, please continue on a separate sheet of paper.

Additional Information

Other Qualifications

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

Specialized Skills Check Skills/Equipment Operated

<input type="checkbox"/> Windows	<input type="checkbox"/> Mac/Apple	<input type="checkbox"/> Internet	Production Mobile Machinery (list):
<input type="checkbox"/> Excel	<input type="checkbox"/> QuickBooks	<input type="checkbox"/> E-mail	_____
<input type="checkbox"/> Microsoft Word	<input type="checkbox"/> Publisher	<input type="checkbox"/> Fax	_____
<input type="checkbox"/> Adobe	<input type="checkbox"/> PowerPoint	<input type="checkbox"/> Typewriter	Other (list) _____
<input type="checkbox"/> WordPerfect	<input type="checkbox"/> PageMaker	<input type="checkbox"/> Calculator	_____

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

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A description of the activities involved in such a job or occupation is attached.

___ YES ___ NO

References

1. _____ () _____
(Name) (Phone)

(Address)
2. _____ () _____
(Name) (Phone)

(Address)

3. _____ () _____
(Name) (Phone)

(Address)

4. _____ () _____
(Name) (Phone)

(Address)

5. _____ () _____
(Name) (Phone)

(Address)

CITY OF GENEVA
APPLICANT RELEASE FORM

I, _____, presently reside at _____,
_____, Ohio has applied for employment with the City of Geneva. I have been advised and am fully aware that a representative of the City of Geneva will be conducting a thorough investigation of my background to assist in determining my suitability for this employment. I realize that, in conducting this background investigation, a city representative will make inquires of; officials and record officers at schools which I have attended; physicians and/or other persons who may have examined or tested me for any physical or other type of illness or injury; police or courts with whom I may have an arrest or conviction record; credit bureaus and/or firms which may have information regarding my credit record and/or financial standing; present and previous employers; BMV records and any other persons who may be able to provide information about me which the City of Geneva desires.

I hereby give my permission and waive all provisions of law forbidding any physician or any other person who has attended me, or any other school official, court, police agency, credit bureau, employer, firm, or person, from disclosing any knowledge or information they have concerning me which is requested or desired by the City of Geneva. I further consent and request that the public safety director of the City of Geneva or his representative is provide with a copy of any such record concerning me, which they may desire.

I recognize the right of the City of Geneva to treat, at its discretion, certain sources as confidential, and its right to withhold from my agent or me the names of such confidential sources, and information obtained there from.

By: _____

Dated: _____

Witnesses:

Affirmative Action Voluntary Information

Completion of information below is voluntary.

The City of Geneva considers all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any similarly protected status. The City of Geneva also complies with all applicable laws governing employment practices and does not discriminate on the basis of any unlawful criteria.

Applicant can complete this on a voluntary basis. This is not for interview purposes. This form will be filed separate from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, the City of Geneva invites you to complete this applicant survey. Providing this information is STRICTLY VOLUNTARY. Failure to fill out this survey will not subject you to any adverse personnel decision or action.

This survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position (s) applying for _____

Referral Source

<input type="checkbox"/> Walk-In	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Relative
<input type="checkbox"/> Employee	<input type="checkbox"/> Private Employment Agency	
<input type="checkbox"/> Advertisement - Source	<input type="checkbox"/> School	

Applicant Information

Name _____ Telephone () _____
Last First Middle

Address _____
Street City State Zip Code

Please check the following Equal Employment Opportunity Identification Groups:

<input type="checkbox"/> American Indian/Alaskan Native	<input type="checkbox"/> White	<input type="checkbox"/> Male
<input type="checkbox"/> Native Hawaiian/Other Pacific Islander	<input type="checkbox"/> Asian	
<input type="checkbox"/> Hispanic/Latino (White race only)	<input type="checkbox"/> Black/African American	<input type="checkbox"/> Female
<input type="checkbox"/> Hispanic/Latino (all other races)		

For Administrative Use Only

Position(s) applied for Available Not Available Other

Other positions considered for _____

Position hired for Hired Yes No

From the EEO job classifications listed below, which one best describes the position filled?

<input type="checkbox"/> Officials and Managers	<input type="checkbox"/> Office and Clerical Workers
<input type="checkbox"/> Professionals	<input type="checkbox"/> Craft Workers (Skilled)
<input type="checkbox"/> Technicians	<input type="checkbox"/> Operatives (Semi-skilled)
<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Laborers (Un-skilled)
<input type="checkbox"/> Service Workers	

Completed By _____ Date ____/____/____