City of Pataskala, Ohio

621 W. Broad Street, Suite 1D
Pataskala, Ohio 43062

Employment Application

An Equal Opportunity Employer

The City of Pataskala offers equal employment opportunity to all persons without regard to race, ancestry, color, age, religion, sex, national origin, genetic information, disability, military status, or veteran status. No question on this Application is intended to secure information to be used for discriminatory purposes. This Application will expire after one (1) year. NOTE: This Employment Application will not be considered unless all pages are fully completed.

PERSONAL INFORMATION

NAME: _____
LAST FIRST M.I.

ADDRESS: _____
STREET CITY STATE ZIP CODE

FORMER ADDRESS (IF AT CURRENT ADDRESS LESS THAN ONE (1) YEAR):

_____
STREET CITY STATE ZIP CODE

TELEPHONE #: _____ ALTERNATE TELEPHONE #: _____

REFERRAL SOURCE: ☐ NEWSPAPER AD ☐ PLACEMENT OFFICE ☐ RADIO ☐ POSTING ☐ JOB FAIR ☐ EMPLOYMENT OFFICE ☐ OTHER

EMPLOYMENT DESIRED/AVAILABILITY

DESIRED POSITION: _____

HAVE YOU EVER WORKED OR PREVIOUSLY APPLIED FOR EMPLOYMENT WITH THE CITY OF PATASKALA? ☐ YES ☐ NO

ARE YOU 18 YEARS OR OLDER ☐ YES ☐ NO

IF YES, WHEN: _____

DESIRED STATUS: ☐ FULL-TIME ☐ PART-TIME ☐ OTHER _____ EXPECTED SALARY: _____

IF YOU ARE OFFERED AND ACCEPT A JOB, CAN YOU SUBMIT PROOF OF YOUR LEGAL RIGHT TO WORK IN THE UNITED STATES? ☐ YES ☐ NO

TO HELP BETTER MATCH YOUR AVAILABILITY WITH THE POSITION BEING APPLIED FOR, STATE YOUR GENERAL AVAILABILITY:

DAY	**SUN.**	**MON.**	**TUES.**	**WED.**	**THURS.**	**FRI.**	**SAT.**
FROM A.M.							
TO P.M.							

DO YOU HAVE A CURRENT VALID DRIVER'S LICENSE? ☐YES ☐ NO DO YOU HAVE A CURRENT VALID COMMERCIAL DRIVER'S LICENSE ☐ YES ☐ NO

EDUCATIONAL BACKGROUND

DO YOU HAVE ANY PROFESSIONAL LICENSES? ☐ YES ☐ NO IF YES, TYPE: _____ NO.: _____ EXP.: ____

TYPE: _____ NO.: _____ EXP.: ____

ARE YOU CURRENTLY A STUDENT? ☐ YES ☐ NO

	SCHOOL/LOCATION	NO. OF YRS. COMPLETED	DEGREE RECEIVED	COURSE OF STUDY
HIGH SCHOOL/GED				
BUSINESS/ VOCATIONAL SCHOOL				
COLLEGE				
GRADUATE SCHOOL				

ADDITIONAL SKILLS, TRAINING, QUALIFICATIONS

EMPLOYMENT HISTORY

Please list the last five (5) years of your employment history, starting with your present employer. Attach additional sheets if necessary.

COMPANY NAME, ADDRESS, TELEPHONE NUMBER	
DATES OF EMPLOYMENT	**BEGINNING AND ENDING WAGES**
POSITION(S) HELD AND DUTIES PERFORMED	
REASON(S) FOR LEAVING	
NAME OF SUPERVISOR	**MAY WE CONTACT? IF NOT, WHY?**
COMPANY NAME, ADDRESS, TELEPHONE NUMBER	
DATES OF EMPLOYMENT	**BEGINNING AND ENDING WAGES**
POSITION(S) HELD AND DUTIES PERFORMED	
REASON(S) FOR LEAVING	
NAME OF SUPERVISOR	**MAY WE CONTACT? IF NOT, WHY?**
COMPANY NAME, ADDRESS, TELEPHONE NUMBER	
DATES OF EMPLOYMENT	**BEGINNING AND ENDING WAGES**
POSITION(S) HELD AND DUTIES PERFORMED	
REASON(S) FOR LEAVING	
NAME OF SUPERVISOR	**MAY WE CONTACT? IF NOT, WHY?**

IF YOU HAVE BEEN UNEMPLOYED FOR MORE THAN ONE (1) MONTH, PLEASE INCLUDE AS PART OF YOUR EMPLOYMENT HISTORY.

PROFESSIONAL/CHARACTER REFERENCES

Name/Title	Address	Telephone Number	Yrs. Acquainted

PLEASE READ THE FOLLOWING STATEMENTS BELOW. BY SUBMITTING THIS APPLICATION, YOU ARE ACKNOWLEDGING THAT YOU HAVE READ AND UNDERSTAND THE STATEMENTS BELOW.

I affirm that the information provided by me on this application for employment is true, complete and correct to the best of my knowledge. I understand that any false statement given on this application for employment may be considered just cause for my immediate dismissal. I authorize investigation of all information related to items listed on this application for employment and release all persons, schools, companies, corporations and other agencies to provide information concerning my background.

I acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Pataskala with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures may include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, psychological evaluations, medical examinations, and drug testing. I hereby understand that I would not be required to actually participate in a psychological evaluation, medical examination, and drug testing until after I have reached a conditional offer of employment. I also acknowledge that I may also be subject to other screening procedures, not specifically listed above. I further acknowledge that any such screening procedures, as reasonably required by the City of Pataskala, are a prerequisite to my appointment to a position with the City of Pataskala.

I further acknowledge that the City of Pataskala cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Rulings of the Ohio Supreme Court relative to the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable period of time. Employment related documents, with the exception of medical records, maintained by the City of Pataskala related to the aforementioned screening procedures do not appear to fall within the enumerated exceptions.

I further understand that the City of Pataskala has a commitment to maintain an alcohol and drug free workplace and unless prohibited by law, I may be required to submit to a drug test for the illegal use of controlled substances if I am offered a position. The illegal use of controlled substances will result in disqualification from consideration for employment and any offer of employment withdrawn. If I am employed, I acknowledge that I may be required to submit to alcohol and/or drug testing under certain circumstances.

I understand that if I am employed, I will be an employee at-will, except as otherwise provided by law or contract, that my employment is for no definite period of time and that I may resign or be terminated at any time without prior notice or cause and the terms and conditions of my employment can be changed at any time.

DATE

SIGNATURE

CHECK HERE IF RESUME IS ATTACHED: ☐

Affirmative Action
Voluntary Information

Completion of information below is voluntary

City of Pataskala
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We consider all applicants for positions without regard to race, color, religion, sex, national origin, genetic information, ancestry, citizenship, age, disability, military status, veterans status, or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is *not* a 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) applied for_____ Date_____

Referral Source

☐ Walk-in ☐ Government Employment Agency ☐ Private Employment Agency

☐ Employee ☐ Relative ☐ School

☐ Advertisement – Source_____ ☐ Other_____

Name of person who referred you IF APPLICABLE_____

Applicant Information

Name_____ Telephone # _____

Last First Middle

Address_____

Street City State Zip Code

☐ Male ☐ Female

Please check one of the following Equal Employment Opportunity Identification Groups:

☐ American Indian / Alaskan Native ☐ Hispanic / Latino ☐ White ☐ Black / African American

☐ Native Hawaiian / Other Pacific Island ☐ Asian ☐ Two or More Races (Not Hispanic / Latino)

For Administrative Use Only

Position(s) applied for ☐ Available ☐ Not Available ☐ Other

Other positions considered for_____

_____

Hired ☐ Yes ☐ No

Position hired for_____ Date of hire_____

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

☐ Officials and Administration (01) ☐ Protective Service (04) ☐ Skilled Craft Workers (07)

☐ Professionals (02) ☐ Paraprofessional (05) ☐ Service / Maintenance Workers (08)

☐ Technicians (03) ☐ Administrative Support (06)

Notes_____

_____

Completed by_____ Date_____