

THE CITY OF WELLSTON - OHIO

Employment Application – Equal Opportunity employer

APPLICANT INFORMATION

Last Name	First	M.I.	Date
Street Address		Apartment/Unit #	
City	State	ZIP	
Phone	E-mail Address		
Date Available	Social Security No.	Desired Salary	
Position Applied for			
Are you a citizen of the United States?	YES NO	If no, are you authorized to work in the U.S.?	YES NO
Have you ever worked for this company?	YES NO	If so, when?	
Have you ever been convicted of a felony?	YES NO	If yes, explain	

EDUCATION

High School	Address			
From To	Did you graduate?	YES NO	Degree	
College	Address			
From To	Did you graduate?	YES NO	Degree	
Other	Address			
From To	Did you graduate?	YES NO	Degree	

REFERENCES

Please list three professional references.

Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	
Full Name	Relationship
Company	Phone ()
Address	

Continued on other side

PREVIOUS EMPLOYMENT

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

Company Phone ()
Address Supervisor
Job Title Starting Salary \$ Ending Salary \$

Responsibilities

From To Reason for Leaving

May we contact your previous supervisor for a reference? YES NO

MILITARY SERVICE

Branch From To
Rank at Discharge Type of Discharge
If other than honorable, explain

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature Date

Employee Statement of Fitness

I ___ take medication or have a physical condition which may prevent me from safely operating a City of Wellston vehicle.

I ___ do not take medication and do not have a physical condition which may prevent me from safely operating a City of Wellston vehicle.

Employee name

Employee signature

Date