



APPLICATION FOR EMPLOYMENT

APPLICANT INFORMATION

FULL NAME: _____ DATE: _____

Last

First

M.I.

ADDRESS: _____

Street Address

City

State

Zip Code

PRIMARY PHONE: _____ ALTERNATE PHONE: _____

EMAIL: _____

POSITION APPLIED FOR: _____

TYPE OF EMPLOYMENT DESIRED: Full Time Part Time Seasonal

DESIRED SALARY: _____ DATE AVAILABLE TO START: _____

WERE YOU PREVIOUSLY EMPLOYED WITH THE CITY OF LOUISVILLE? _____

IF YES, WHEN AND WHAT POSITION? _____

OTHER SKILLS, EXPERIENCES, QUALIFICATIONS, OR EQUIPMENT THAT YOU CAN OPERATE: _____

EDUCATION

SCHOOL	NAME AND ADDRESS	GRADE LEVEL COMPLETED	DID YOU GRADUATE	DEGREE/MAJOR/DIPLOMA/CERTIFICATE
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

POSITION/TITLE: _____ FROM MONTH/YEAR: _____ TO MONTH/YEAR: _____

BEGINNING SALARY/HOURLY WAGE: _____ ENDING SALARY/HOURLY WAGE: _____

REASON FOR LEAVING: _____

NAME & TITLE OF SUPERVISOR: _____

MAY WE CONTACT ABOVE SUPERVISOR? _____

DESCRIBE RESPONSIBILITIES: _____



EMPLOYMENT HISTORY CONTINUED

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

POSITION/TITLE: _____ FROM MONTH/YEAR: _____ TO MONTH/YEAR: _____

BEGINNING SALARY/HOURLY WAGE: _____ ENDING SALARY/HOURLY WAGE: _____

REASON FOR LEAVING: _____

NAME & TITLE OF SUPERVISOR: _____

MAY WE CONTACT ABOVE SUPERVISOR? _____

DESCRIBE RESPONSIBILITIES: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

POSITION/TITLE: _____ FROM MONTH/YEAR: _____ TO MONTH/YEAR: _____

BEGINNING SALARY/HOURLY WAGE: _____ ENDING SALARY/HOURLY WAGE: _____

REASON FOR LEAVING: _____

NAME & TITLE OF SUPERVISOR: _____

MAY WE CONTACT ABOVE SUPERVISOR? _____

DESCRIBE RESPONSIBILITIES: _____

REFERENCES (NO RELATIVES)

FULL NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

FULL NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

FULL NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE: _____

MILITARY SERVICE RECORD

ARE/WERE YOU IN THE U.S. ARMED FORCES? _____ IF YES, WHICH BRANCH? _____

DATES OF DUTY: FROM _____ TO _____ RANK AT DISCHARGE: _____

LIST DUTIES INCLUDING SPECIAL TRAINING: _____

DISCLAIMER AND SIGNATURE

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, background checks and fingerprints.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I realize and understand that I may be subject to random drug testing according to City Policy, and that this application and information received by the City of Louisville regarding this application may be subject to the State of Ohio Public Records Act.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, gender, marital status, age, national origin, ethnic heritage, sexual orientation, military presence or perception of a mental or physical disability which can be reasonably accommodated.