

# APPLICATION FOR EMPLOYMENT

City of Wyoming  
800 Oak Avenue  
Wyoming, OH 45215  
(513) 821-7600

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 clearly or type*

Position(s) Applied For:		Date of Application:
How Did You Learn About Us? Advertisement____ Relative____ Inquiry____ Employment Agency____ Friend____ Other_____		

Last Name	First Name	Middle Name	
Address			
Telephone Number(s):	Home	Work	Cell/Beeper/Other
E-mail Address:			

Have you ever been employed with us before?  Yes  No  
If Yes, give date:\_\_\_\_\_

Are you currently employed?  Yes  No

Are you legally eligible for employment in the United States? *(Any offer of employment is conditional on satisfactory proof that you are legally authorized to work in the United States, as required by the Immigration Reform and Control Act of 1986.)*  Yes  No

Date available for work:\_\_\_\_\_

Are you available to work:  Full Time  Part-Time  Temporary/Seasonal

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

Other than minor traffic violations, have you ever been convicted of a crime?  Yes  No

*(A conviction record will not necessarily disqualify an applicant from employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)*

If yes, please explain:

\_\_\_\_\_

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any self-employment, summer and part-time jobs.  
If you need more space, continue on a separate sheet.

Company Name, Address & Type of Business	From		To		Starting Salary	Final Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Name/Title of Supervisor:						
	Describe the work you did:						
Telephone:							
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name, Address & Type of Business	From		To		Starting Salary	Final Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Name/Title of Supervisor:						
	Describe the work you did:						
Telephone:							
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name, Address & Type of Business	From		To		Starti ng Salary	Final Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Name/Title of Supervisor:						
	Describe the work you did:						
Telephone:							
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

## EDUCATION

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

## OTHER QUALIFICATIONS

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

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with the City of Wyoming

## REFERENCES

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Provide the following information for three individuals who are not related to you and who are not previous employers or supervisors.
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Name & Occupation	Address	Phone Number	Years Known

# APPLICANT'S STATEMENT

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I certify that all information provided in this application is true and complete to the best of my knowledge, and that I have withheld nothing that would have an adverse effect on this application.

I authorize the City of Wyoming to check references, obtain transcripts from educational institutions, and conduct whatever additional investigations as may be needed to verify all statements contained in this application and arrive at an employment decision.

I understand that false or misleading information provided in this application or during any interview(s) shall disqualify me from further consideration for employment and shall be considered justification for dismissal if discovered at a later date.

I understand that this application does not constitute a contract of employment and that, if hired, I will be an "at-will" employee only, which means that I can be terminated with or without cause, and with or without notice, at any time, at the option of either the City of Wyoming or myself. I further understand that no representative of the City of Wyoming other than the City Manager has any authority to enter into any agreement with me for any specified period of time, or to make any agreement that contradicts the above.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## FOR PERSONNEL DEPARTMENT USE ONLY

Interviewer(s): \_\_\_\_\_ Date: \_\_\_\_\_

Employed:  Yes  No

Date of Employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: \_\_\_\_\_

Department: \_\_\_\_\_

Approved By: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

The City of Wyoming is an Equal Opportunity Employer.



**AUTHORIZATION FOR THE RELEASE OF INFORMATION**

**I FURTHER UNDERSTAND** that in the event my employment application and/or resume is disapproved, not considered, or otherwise does not result in my appointment to the CITY OF WYOMING POLICE DEPARTMENT, the source(s) of confidential information **CANNOT AND WILL NOT BE RELEASED AND/OR REVEALED TO ME.**

**ADDITIONALLY, I AGREE TO IDEMNIFY AND HOLD HARMLESS** the person(s) to whom this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of, or by reason(s) for complying with the request for information that this *AUTHORIZATION* provides.

**LASTLY, IT IS FURTHER UNDERSTOOD BY ME THAT A PHOTOCOPY**, including a facsimile (or FAX) copy of the actual original of this *AUTHORIZATION FOR THE RELEASE OF INFORMATION* will be valid as an original hereof, even though the said photocopy or facsimile does not contain an original writing of my signature.

Driver's License #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Social Security #: \_\_\_\_\_

\_\_\_\_\_  
(Signature of Applicant)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)