

# APPLICATION FOR EMPLOYMENT



CITY OF HURON ❖ 417 Main Street ❖ P.O. Box 468 ❖ Huron, OH 44839

Return to: Human Resources Dept.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

POSITION APPLIED FOR: \_\_\_\_\_

PLEASE PRINT:

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

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

Mobile/Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever submitted an application to the City of Huron? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Have you ever been employed by the City of Huron? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

If you are under 18, can you furnish a work permit? \_\_\_\_\_ Date available for work: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If Yes, please provide details: \_\_\_\_\_  
ANSWERING "YES" DOES NOT AUTOMATICALLY BAR EMPLOYMENT. Please use additional sheet if necessary.

Are you able to meet all of the attendance requirements of this position? \_\_\_\_\_

Are you able to work overtime if necessary? \_\_\_\_\_ Will you travel if the position requires it? \_\_\_\_\_

Do you have any friends / relatives currently employed by the City of Huron? \_\_\_\_\_

If Yes, who? \_\_\_\_\_

Military Service or Veteran Status? \_\_\_\_\_ If yes, please provide branch of service, rank, and job duties: \_\_\_\_\_

Please explain why you would like to be considered for employment with the City of Huron. Use additional sheets if necessary.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELEVANT EXPERIENCE** Please provide information regarding relevant experience to the position you are applying for. This includes, but is not limited to present/past employers, assignments, or volunteer activities. Use additional sheets if

FROM / To \_\_\_\_\_ EMPLOYER/ORGANIZATION \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

JOB DUTIES/RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ FINAL RATE OF PAY: \_\_\_\_\_

FROM / To \_\_\_\_\_ EMPLOYER/ORGANIZATION \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

JOB DUTIES/RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ FINAL RATE OF PAY: \_\_\_\_\_

FROM / To \_\_\_\_\_ EMPLOYER/ORGANIZATION \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

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JOB DUTIES/RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ FINAL RATE OF PAY: \_\_\_\_\_

FROM / To \_\_\_\_\_ EMPLOYER/ORGANIZATION \_\_\_\_\_

TELEPHONE # \_\_\_\_\_ ADDRESS \_\_\_\_\_

JOB TITLE: \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ MAY WE CONTACT? \_\_\_\_\_

JOB DUTIES/RESPONSIBILITIES \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_ FINAL RATE OF PAY: \_\_\_\_\_

**PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform the essential functions in the appointment for which you are applying:

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# EDUCATIONAL BACKGROUND

Name and Location	# of years completed	Graduated?	Course of Study
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HIGH SCHOOL:

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COLLEGE:

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OTHER:

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# REFERENCES: Please provide at least 3 references who are not related to you. Use additional sheets if necessary.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

# APPLICANT STATEMENT AND SIGNATURE:

I certify that all information I have provided in order to apply for employment with the City of Huron is true, complete, and correct to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Huron and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service. In addition, I give the City of Huron the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Huron in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, the City of Huron, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding, the City of Huron, its agents, members or representatives, for seeking, gathering, and using such information all other persons, corporations, or organizations for furnishing such information about me.

My signature below acknowledges my understanding and agreement with the above.

I understand that an offer of employment is contingent upon the successful completion of a pre-employment physical and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that I am free to resign at any time and the City of Huron reserves the same right to request my resignation at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.  
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant (required): \_\_\_\_\_ Date: \_\_\_\_\_

<b>THIS BOX FOR OFFICE USE ONLY:</b>  DATE REC'D: ___/___/___ by _____ INTERVIEW: (1) _____ (2) _____  START DATE: ___/___/___ WAGE: _____	Completed by: _____ Date: _____ History:  <i>Stamp if No Record</i>
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