

Municipality of Germantown

APPLICATION FOR EMPLOYMENT

PLEASE PRINT ALL INFORMATION REQUESTED

Please complete the application in full. Resumes may be attached but NOT as a substitute. Only applications that are complete, legible, and signed will be considered. As an Equal Opportunity Employer, The Municipality of Germantown is committed to give equal consideration to all applicants without regard to race, color, religion, gender, age, national origin, ethnic heritage, disability, marital status, veteran status, sexual orientation or any other legally protected status.

For Office Use Only

PERSONAL DATA

Date: _____ Position Applying For: _____

How soon are you available for Work? _____

Name _____

Last
First
Middle
Maiden

Present address _____

Number
Street
City
State
Zip

Home Phone () _____ Cell Phone () _____ E-mail address _____

Are you a United States Citizen: _____ If not, what type of Visa do you have? _____ Expiration Date: _____
 Are You an Ohio Resident: _____ How Long? _____

DO YOU HAVE A DRIVER'S LICENSE? Yes No Type (Circle): D-1 CDL-A CDL-B

Driver's License Number _____ State of issue _____ Expiration date _____

MILITARY

HAVE YOU EVER BEEN IN THE ARMED FORCES? Yes No

ARE YOU PRESENTLY ON ACTIVE DUTY OR A MEMBER OF THE NATIONAL GUARD? Yes No

Date Entered _____ Discharge Date _____ Type Discharge _____ Specialty _____

EDUCATION

TYPE OF SCHOOL	NAME OF SCHOOL	LOCATION (Complete mailing address)	NUMBER OF YEARS COMPLETED	MAJOR & DEGREE
High School				
College				
Bus. or Trade School				
Professional School				
Languages Spoken				

Employment History

Work Experience Please list your work experience beginning with your most recent job held.
If you were self-employed, give firm name.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

Name of Employer / Company	Supervisor Name	Employment Dates	Pay or Salary
_____	_____	From ___/___/___	Start _____
Address City, State, Zip Code _____	_____	To ___/___/___	Final _____
Phone number: _____	_____		
Your Job Title: _____	Reason for Leaving: _____		

List the duties you performed, skills you used or learned, support or supervisory positions held and promotions.

Please list two character references other than relatives or previous employers.

Name _____	Name _____
Address _____	Address _____
Telephone (____)	Telephone (____)
Relationship to You: _____	Relationship to You: _____
Years they have known you: _____	Years they have known you: _____
What character traits will they confirm about you. (Circle)	What character traits will they confirm about you. (Circle)
Trustworthy Responsible Dependable Loyal Leader Faithful	Trustworthy Responsible Dependable Loyal Leader Faithful

PLEASE READ CAREFULLY

CERTIFICATION AND STATEMENT OF UNDERSTANDING

I hereby certify that all the information I have provided on all sheets of this application form is true, complete and correct to the best of my knowledge and belief, and is made in good faith. I understand that the Municipality of Germantown may investigate the information I have furnished and I further understand that any misstatement of facts contained in this application may disqualify me for any employment, or result in my removal from employment with the Municipality.

Signature of Applicant

Date