

Application for Employment



120 Maple Street * Wadsworth, Ohio * 44281 * www.wadsworthcity.com * (330) 335-1521

Name: _____
Last Name First Name Middle

Address: _____
Number Street Apt. #

_____ City State Zip

Are you interested in full-time work? Yes ☐ No ☐

Are you interested in part-time work? Yes ☐ No ☐

Temporary or seasonal work? Yes ☐ No ☐

Cell Phone:

() -

Home Phone:

() -

Alternate Phone (identify:)

() -

Primary E-mail Address:

Alternate E-mail Address:

Driver's License # State Expires

Do you know anyone who works for the City of Wadsworth? If so, who? _____

EDUCATION:

School	School Name/Location	Major/Course of Study	Did You Graduate?	Degree Attained
High School			Yes ☐ No ☐	
College			Yes ☐ No ☐	
Other			Yes ☐ No ☐	

MILITARY SERVICE:

Beginning Date of Service	Ending Date of Service	Rank at Discharge	Duties Performed	Special Training and Work Experience

SPECIAL SKILLS, QUALIFICATIONS AND/OR LICENSURES:

EMPLOYMENT HISTORY:*Please use separate sheet of paper for additional work experience*

Current or Most Recent Employer			Address, City and State		Job Title	
Assigned Duties/Responsibilities			Company Telephone		Name & Title of Supervisor	
Start Date (mo./yr.)	Still Employed?	If No, End Date (mo./yr.)	Reason for Leaving		Starting Pay	Ending Pay
	Yes ☐ No ☐					

Next Most Recent Employer			Address, City and State		Job Title	
Assigned Duties/Responsibilities			Company Telephone		Name & Title of Supervisor	
Start Date (mo./yr.)	Still Employed?	If No, End Date (mo./yr.)	Reason for Leaving		Starting Pay	Ending Pay
	Yes ☐ No ☐					

Next Most Recent Employer			Address, City and State		Job Title	
Assigned Duties/Responsibilities			Company Telephone		Name & Title of Supervisor	
Start Date (mo./yr.)	Still Employed?	If No, End Date (mo./yr.)	Reason for Leaving		Starting Pay	Ending Pay
	Yes ☐ No ☐					

May we contact the employer(s) above for reference purposes?

Yes ☐ No ☐

If no, which employers should not be contacted and why?

By signing below, I hereby authorize the City of Wadsworth to conduct employment and education reference checks by asking former employers(s), co-workers and educators about my ability to perform my duties, interact with co-workers, management, the public and any other aspect of my past or current employment/education. I authorize the inspection, examination and copying of any record reflecting my education and employment. Further, I unconditionally release the City of Wadsworth and anyone else furnishing the requested information from any liability or damage that might result from the release of such information.

I hereby authorize any city, county, state or federal law enforcement agency or court related thereto to release to the City of Wadsworth any information they possess concerning me and any prior arrest which resulted in conviction or any pending matter which has not been finally adjudicated. I understand that any information gathered from the investigative methods described above may be used to make decisions about my employment status with the City of Wadsworth.

I acknowledge that the information provided on this application for employment is true, accurate and complete. I understand that, if employed, any misstatement, omission of fact, false declaration or concealment of material facts may result in disciplinary action including dismissal from employment.

Applicant Signature

Date