

# APPLICATION FOR EMPLOYMENT



745 Center Street, Milford OH 45150  
 (513) 831-4192  
 www.milfordohio.org

*This application is current for 60 days. If you have not heard from us and still wish to be considered for employment, you must fill out a new application. This application is intended to gather information necessary to evaluate qualifications for employment only and supplemental forms may be required to comply with state laws.*

Position Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Referral Source:

- Newspaper  
  Website  
  Facebook  
  Employee \_\_\_\_\_  
 Walk-In  
  Other \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Last                      First                      Middle

Social Security Number: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Street                      City                      State                      Zip

Are you 18 years of age or older? .....  YES  NO  
 Have you ever worked for the City of Milford before? .....  YES  NO

If yes, what dates? From \_\_\_\_\_ To \_\_\_\_\_

Are you legally eligible for employment in the United States? .....  YES  NO

*(Proof of US Citizenship will be required before employment)*

Date available for work? .....

Type of Employment Desired:  Full-Time  
  Part-Time  
  Seasonal  
  Co-Op

Will you work overtime if required? .....  YES  NO

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

### Educational Background

School	No of years completed	Degree/Diploma	GPA	Major

## Employment History

List your last four employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in the comments section below.

Name and Address of Company	From		To		Starting Salary \$ Per	Final Salary \$ Per	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Summarize job responsibilities:							
Telephone								
Name and Address of Company	From		To		Starting Salary \$ Per	Final Salary \$ Per	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Summarize job responsibilities:							
Telephone								
Name and Address of Company	From		To		Starting Salary \$ Per	Final Salary \$ Per	Reason for Leaving	Name of Supervisor
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Telephone								
Name and Address of Company	From		To		Starting Salary \$ Per	Final Salary \$ Per	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.				
	Summarize job responsibilities:							
Telephone								

Comments (include explanation of any gaps in employment)

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## Professional References

Name and Occupation	Email Address	Phone Number

List any additional information you would like us to consider including certifications, licenses, accomplishments, publications and awards. (Exclude any information which would reveal sex, race, religion, national origin, age, color, disability or other protected status.)

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Applicants are considered for all positions applied for, and employees are treated during employment, without regard to race, color, religion, sex, national origin, age, disability or any other prohibited basis of discrimination as provided under applicable state and federal law. Federal law obligates us to provide reasonable accommodation to certain known disabilities of applicants, unless to do so would pose an undue hardship. Please feel free to let us know if you need an accommodation to complete the application process.

These answers are true and complete to the best of my knowledge. The City may investigate all statements contained in this application, and I understand that any false or misleading information provided during the application or interview process will result in withdrawal from consideration for employment or my immediate discharge if I am hired, regardless of when discovered. I agree to immediately notify the City if I should be convicted of a felony, or any crime involving dishonesty, breach of trust, controlled substances, sexual misconduct, abuse or violence, while my application is pending, or during my period of employment, if hired. If my job duties include driving on City business, I agree to notify the City if I am convicted of reckless driving or driving under the influence of drugs or alcohol.

**I understand that this application is not a contract of employment. I also understand that if hired, regardless of any oral representations to the contrary, the employment relationship between myself and the City is terminable-at-will so that both the City and I remain free to choose to end our work relationship at any time for any or no reason.**

I also understand that any offer of employment may be conditional upon a health evaluation by a doctor selected by the City, to determine whether I can perform the job duties. In addition, I understand a drug or alcohol test may be required depending upon the City's policy. I authorize the City to make a thorough investigation of my past employment, education and job related activities and I release from all liability all persons, companies and corporations supplying such information. I also indemnify the City against any liability which might result from making such an investigation.

Additionally, I authorize the City to supply my employment record, in its sole discretion, in whole or in part, to any prospective employer, government agency or other party, with an interest that the City deems appropriate.

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