

EXPERIENCE

List the most recent 5 jobs you have held during the past 10 years. Begin with your present or most recent experience. If you have not held 5 jobs in the past 10 years list only those that you have held in the past 10 years.

| | | | | |
|-----------------------------------|------------|-------------------------|--------------------|--------|
| From (Month/Year) | To Present | Exact Title of Position | | |
| Name and Address of Employer | | Your Duties Are | | |
| Name and Title of Your Supervisor | | | | |
| Why Do You Want to Leave? | | Number Supervised | Avg. Hrs. Per Week | Salary |

| | | | | |
|-----------------------------------|----|-------------------------|--------------------|--------|
| From (Month/Year) | To | Exact Title of Position | | |
| Name and Address of Employer | | Your Duties Were | | |
| Name and Title of Your Supervisor | | | | |
| Reason for Leaving? | | Number Supervised | Avg. Hrs. Per Week | Salary |

| | | | | |
|-----------------------------------|----|-------------------------|--------------------|--------|
| From (Month/Year) | To | Exact Title of Position | | |
| Name and Address of Employer | | Your Duties Were | | |
| Name and Title of Your Supervisor | | | | |
| Reason for Leaving? | | Number Supervised | Avg. Hrs. Per Week | Salary |

| | | | | |
|-----------------------------------|----|-------------------------|--------------------|--------|
| From (Month/Year) | To | Exact Title of Position | | |
| Name and Address of Employer | | Your Duties Were | | |
| Name and Title of Your Supervisor | | | | |
| Reason for Leaving? | | Number Supervised | Avg. Hrs. Per Week | Salary |

| | | | | |
|-----------------------------------|----|-------------------------|--------------------|--------|
| From (Month/Year) | To | Exact Title of Position | | |
| Name and Address of Employer | | Your Duties Were | | |
| Name and Title of Your Supervisor | | | | |
| Reason for Leaving? | | Number Supervised | Avg. Hrs. Per Week | Salary |

GIVE ANY ADDITIONAL INFORMATION COVERING YOUR QUALIFICATIONS FOR THIS POSITION:

I certify that all statements made in this application are true and complete, and that any misstatement of material fact will subject me to disqualification or dismissal.

Signature: _____ Date: _____

CITY OF VANDALIA

Voluntary Data Record Survey

City of Vandalia applicants and employees are treated equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical conditions or disabilities or any other legally protected status. At the same time, as an employer with an affirmative action program, we comply with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record-keeping, reporting, and other legal requirements. These data are for statistical analysis with respect to the success of the City's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and are not a part of your Application for Employment or Personnel File.

THE DECISION TO SUBMIT THIS INFORMATION IS VOLUNTARY

| | |
|--|--------|
| 1. ETHNIC RACIAL STATUS (Please check one) | 2. SEX |
|--|--------|

- | | | | |
|-----------------------------------|---|--|------------------------------------|
| a. <input type="checkbox"/> White | c. <input type="checkbox"/> Hispanic | e. <input type="checkbox"/> Asian/Pacific Islander | a. <input type="checkbox"/> Male |
| b. <input type="checkbox"/> Black | d. <input type="checkbox"/> American Indian | f. <input type="checkbox"/> Other | b. <input type="checkbox"/> Female |

| | | |
|--------------------------------------|-------------------------|--------|
| 3. MARITAL STATUS (Please check one) | 4. VIET NAM ERA VETERAN | 5. AGE |
|--------------------------------------|-------------------------|--------|

- | | | | | |
|--------------------------------------|---------------------------------------|---------------------------------|--|---|
| a. <input type="checkbox"/> Single | d. <input type="checkbox"/> Widowed | a. <input type="checkbox"/> No | a. <input type="checkbox"/> 16 or less | d. <input type="checkbox"/> 41 to 65 |
| b. <input type="checkbox"/> Married | e. <input type="checkbox"/> Separated | b. <input type="checkbox"/> Yes | b. <input type="checkbox"/> 17 to 25 | e. <input type="checkbox"/> 66 or older |
| c. <input type="checkbox"/> Divorced | | c. <input type="checkbox"/> | 26 to 40 | |

| | |
|---------------------------------|---------------------------------|
| 6. DISABLED | 7. DISABLED VETERAN |
| a. <input type="checkbox"/> No | a. <input type="checkbox"/> No |
| b. <input type="checkbox"/> Yes | b. <input type="checkbox"/> Yes |

8. TYPE OF WORK YOU ARE APPLYING FOR

a. ADMINISTRATIVE (Managerial or Department Head, etc.)
 b. PROFESSIONAL (Asst. Dept. Head, Police Lieutenant, Recreation Supervisor, etc.)
 c. TECHNICAL (Engineering Aide, Police Sergeant, etc.)
 d. PROTECTIVE SERVICE (Police Officer, Firefighter)
 e. OFFICE/CLERICAL (Clerk-Typist, Secretary, Account Clerk, Dispatcher, Switchboard Operator, etc.)
 f. SKILLED CRAFT (Mason, Carpenter, Welder, Equipment Operator, Equipment Mechanic, etc.)
 g. SERVICE/MAINTENANCE (Maintainer, Custodian, etc.)

9. HOW DID YOU HEAR ABOUT THIS JOB?

| | |
|---|---|
| a. <input type="checkbox"/> Dayton Daily News | f. <input type="checkbox"/> Female Agency _____ |
| b. <input type="checkbox"/> Vandalia Drummer | g. <input type="checkbox"/> Radio/Television |
| c. <input type="checkbox"/> Other Weekly Newspaper | h. <input type="checkbox"/> A current employee |
| d. <input type="checkbox"/> Ohio Employment Service | i. <input type="checkbox"/> National Professional Journal |
| e. <input type="checkbox"/> Minority Agency _____ | j. <input type="checkbox"/> Private Employment Agency |

I certify that the above information is true and correct.

NAME _____ DATE _____

ADDRESS _____

TOWN _____ STATE _____

SIGNATURE _____

RELEASE AND AUTHORIZATION
READ CAREFULLY BEFORE SIGNING
CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

I certify that the information I provided in this application is true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application or resume shall be considered sufficient cause for dismissal. The City of Vandalia is hereby authorized to make any investigation of the information provided in this application and/or resume.

I hereby authorize any reference, school, former employer, or other person to disclose to the City of Vandalia upon request any and all records, documents, or other information, and I release them from liability for disclosing such information to the City of Vandalia.

I hereby authorize the City of Vandalia to obtain an abstract of my driver's license and/or commercial driver's license as well as criminal history so that my qualifications for employment may be reviewed. In the event I am hired, I also authorize the City of Vandalia to continue to obtain this information during my employment.

I hereby authorize the City of Vandalia to investigate my personal history and financial and credit record, as necessary, through any investigative or credit agency of its choice. Financial and credit check will be conducted in accordance with the Fair Credit Reporting Act. I further understand that the City of Vandalia intends to use this information for employment purposes only.

I understand that a physical examination, including a drug screening, may be required before and/or during my employment to assure my physical ability to perform the essential functions and responsibilities of the position. Specific positions may also require the submission of fingerprint impressions to be submitted to the Ohio Bureau of Criminal Investigation and Identification and/or the Federal Bureau of Investigation prior to a hiring decision.

I agree to conform to all existing and future policies and procedures of the City of Vandalia, and that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I understand that if employed, I may be required to work additional or less hours as the needs of the organization require, and that my employment is subject to complying with rules, regulations, and conditions as established by management.

I understand that I must provide appropriate documentation of my eligibility to work in the United States as required by the Immigration Reform and Control Act.

I understand that this employment application is not a contract of employment and that any individual who is hired may voluntarily leave employment.

I agree that any claim or lawsuit relating to my service with the City of Vandalia must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit, I waive any statute of limitations to the contrary. If hired, this application will become a part of the official employment record.

I hereby acknowledge that I have read and understand the terms of this application and that the information which I have furnished is true to the best of my knowledge.

Applicant's Signature

Date