



City of Orrville Application For Employment



David T. Handwerk
Mayor

207 North Main Street, Orrville OH 44667
Phone: 330-684-5047

Philip C. McFarren
Human Resources Manager

COMPLETE ALL SECTIONS AND EACH QUESTION COMPLETELY AND ACCURATELY

Resumes are not a substitute for the completion of this application.

City of Orrville Mission Statement:

To provide quality services in a timely and efficient manner to ensure Orrville continues to be an exceptional Community.

The City does NOT consider for employment or hire any individual who smokes or uses any form of tobacco.

PERSONAL INFORMATION

Last Name	First Name	Middle Initial	Date of Application
Address: Number & Street	City	State	Zip Code
Telephone Numbers: Home: (____) _____ Business: (____) _____ Cell: (____) _____	e-mail Address _____	Social Security Number ____ - ____ - ____	

Position Applied For:

MILITARY INFORMATION

COMPLETE THIS SECTION IF YOU SERVED IN THE US ARMED FORCES

Branch of Service	Rank at Discharge	Discharge Date	Type of Discharge
Length of Active Duty	Years:	Months:	
Describe Your Duties and Any Special Training			

TO RECEIVE MILITARY CREDIT, YOU MUST SUBMIT PROOF OF HONORABLE SEPARATION (DD-214) BY APPLICATION DEADLINE.

EDUCATION

	School Name and Address	Years Completed (Circle)	Diploma/Degree (Year Grad.)	Describe Course of Study	Describe Specialized Training, Apprenticeship and Skills
High School		Graduated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> GED			
College/ University		1 2 3 4			
Graduate/ Professional		1 2 3 4			
Other (Specify)					

Describe any specialized training, apprenticeships, and/or skills including OPOTA, CDL and other endorsements or other state held licenses:

ADDITIONAL INFORMATION

Are you currently employed? Yes No

If yes, may we contact your current employer?..... Yes No

Are you prevented from being lawfully employed in the U.S. because of visa Or immigration status? (Proof of citizenship/immigration status required for hire)..... Yes No

Do you now use or have you used any form of tobacco within the past six months? Yes No

EMPLOYMENT EXPERIENCE

Start with your current or most recent job. Include military service assignments. Attach additional pages if necessary. **All sections must be completed.**

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

Employer		Dates Employed		Work Performed
		From	To	
Address				
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Employer		Dates Employed		Work Performed
		From	To	
Address				
Telephone Number	Supervisor	Hourly Rate/Salary		
		Starting	Ending	
Job Title				
Reason for Leaving				

REFERENCES (persons not related to you)

1. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____
2. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____
3. _____	Telephone Number (____) _____
How Acquainted _____	Years Acquainted _____

APPLICANT'S STATEMENTS

READ EACH STATEMENT BELOW AND INITIAL EACH STATEMENT WHICH YOU UNDERSTAND AND AGREE TO ACCEPT:

1. By my signature below, I certify that all answers given in this application are true and complete. I understand that if any information in this application is found to be false or misleading or excluded, I may be ineligible for further consideration, or if already employed, my employment may be terminated.

Initials: _____

2. I understand that if I am selected for employment, my employment is conditioned upon my passing a pre-employment physical and drug test and may also, depending upon the position I am applying for, be conditioned upon passing a criminal background check.

Initials: _____

3. The City of Orrville is an equal opportunity employer and we consider applicants for all positions without regard to race, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other protected status.

Initials: _____

4. I understand and accept that if driving a motor vehicle is an essential function of any position I might obtain with the City of Orrville, my continued employment is conditioned upon my maintaining the operator's license required for such position.

Initials: _____

Date

Applicant's Signature