

## APPLICATION FOR EMPLOYMENT CITY OF NORWALK, OHIO

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

Position Applied For: (Please Print)  Date of A		oplication:		
Last Name	First Name	Middle Na	Middle Name	
Address				
Street	City & State	Zip Code		
Telephone Number(s)				
Best time to contact you at home is:		<u> </u>		
If you are under 18 years of age, can work?	you provide required proof of y	our eligibility to	Yes	No
Have you ever filed an application wi If yes, give date	th us before?		Yes	No
Do any of your friends or relatives, of If yes, state name, relationship	•		Yes	No
Are you currently employed?			Yes	No
May we contact your present employe	er?		Yes	No
Are you prevented from lawfully become Immigration Status? Proof of citize upon employment.			Yes	No

All applicants for employment with the City of Norwalk are hereby NOTIFIED that they may be disqualified from certain positions within the City by reason of particular criminal histories.

If you have questions or concerns about such disqualification, please consult the position description for the particular position or the Clerk of the Norwalk Civil Service Commission

## **EDUCATION**

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

## WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

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

Comments:	omments: Include explanation of any gaps in employment.		

Describe any specialized training	g, apprenticeship, skills and	extra-curricular activities.	
List professional, trade, business You may exclude membership which would			r other protected status.
ADDITIONAL INFORMAT Other Qualifications Summarize spe		ons acquired from employment or o	ther experience.
SPECIALIZED SKILLS List skills/equipment operated			
PERSONAL/PROFESSION	NAL REFERENCES De	o not include family membe	rs.
Name	<b>Phone Number</b>	<b>Best Time to Call</b>	Occupation
1			
3			-

## APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge.

I authorize the City of Norwalk to inquire into and obtain records concerning my past and current employment, personal references, education, credit, criminal or civil actions and any leads developed regarding suitability for employment. This release is executed with the full knowledge and understanding that this information is for the use by the City of Norwalk as part of an official background or criminal investigation and that any information obtained may be released to third parties as may be necessary in fulfilling employment or legal responsibilities.

I hold this consent as exonerating from all liability, both criminal and civil, the City of Norwalk and anyone contact by the City of Norwalk to provide the above described records from any and all liability for damages of any kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization or any attempt to comply with it.

Date:	Signature:	
	(optional) SSN:	
I certify that on	I witnessed the above signature.	
Witness:		