



# CITY OF BELLBROOK

## APPLICATION FOR EMPLOYMENT

15 EAST FRANKLIN STREET, BELLBROOK, OHIO 45305  
 (937) 848-4666 [WWW.CITYOFBELLBROOK.ORG](http://WWW.CITYOFBELLBROOK.ORG)

### PERSONAL INFORMATION

LAST NAME \_\_\_\_\_ FIRST NAME \_\_\_\_\_ MI \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

SOCIAL SECURITY NUMBER \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ ARE YOU 18 YEARS OF AGE OR OLDER? Yes  No

PHONE (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ EMAIL \_\_\_\_\_

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? Yes  No

### DESIRED EMPLOYMENT

POSITION \_\_\_\_\_ DATE YOU CAN START \_\_\_\_/\_\_\_\_/\_\_\_\_

DEPARTMENT \_\_\_\_\_ FULL-TIME  PART-TIME  VOLUNTEER

### EDUCATION

SCHOOL LEVEL	NAME, CITY AND STATE OF SCHOOL	DID YOU GRADUATE?	SUBJECT(S) STUDIED
HIGH SCHOOL			
COLLEGE OR UNIVERSITY			
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL			

### KNOWLEDGE & SKILLS

SPECIAL SUBJECTS OF STUDY \_\_\_\_\_

SPECIAL TRAINING \_\_\_\_\_

SPECIAL SKILLS \_\_\_\_\_

LICENSES OR CERTIFICATIONS \_\_\_\_\_

OTHER \_\_\_\_\_

### OFFICE USE ONLY

DATE & TIME RECEIVED	INITIALS OF RECEIVER	DEPARTMENT	METHOD OF RECEIPT
____/____/____ _____ PM / AM			<input type="checkbox"/> MAIL <input type="checkbox"/> IN PERSON

## EMPLOYMENT HISTORY

### PRESENT OR MOST RECENT EMPLOYER

NAME OF COMPANY OR ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ LEAVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES  NO

NAME OF SUPERVISOR \_\_\_\_\_ SUPERVISOR TITLE \_\_\_\_\_

### PREVIOUS EMPLOYER

NAME OF COMPANY OR ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

JOB TITLE \_\_\_\_\_ START DATE \_\_\_\_/\_\_\_\_/\_\_\_\_ LEAVE DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

DESCRIPTION OF WORK \_\_\_\_\_

REASON FOR LEAVING \_\_\_\_\_

MAY WE CONTACT YOUR SUPERVISOR? YES  NO

NAME OF SUPERVISOR \_\_\_\_\_ SUPERVISOR TITLE \_\_\_\_\_

*IF YOU WISH TO FURTHER DESCRIBE OR INCLUDE ADDITIONAL WORK EXPERIENCE, PLEASE INCLUDE ON A SEPARATE PIECE OF PAPER.*

## REFERENCES

PLEASE INCLUDE THE CONTACT INFORMATION OF THREE PERSONS NOT RELATED TO YOU.

NAME (FIRST & LAST)	ADDRESS, PHONE & EMAIL	COMPANY OR ORGANIZATION	YEARS ACQUAINTED

## AUTHORIZATION

I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED ABOVE TO GIVE THE CITY OF BELLBROOK ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE AND RELEASE THE CITY OF BELLBROOK FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE CITY OF BELLBROOK HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS, IT IS IN WRITING AND SIGNED BY THE CITY MANAGER.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

THE CITY OF BELLBROOK IS AN EQUAL OPPORTUNITY EMPLOYER