



**CITY OF SHELBY**  
An Equal Opportunity Employer

**APPLICATION FOR EMPLOYMENT**

Are you on layoff and subject to recall?  Yes  No

If employed, does your employment require you to continue working for your current employer, or restrict your activities after leaving your current employment, for any period of time?

Yes  No

If yes, until what date? \_\_\_\_\_

Date you can start: \_\_\_\_\_ Salary desired: \_\_\_\_\_

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**EMPLOYMENT HISTORY AND WORK EXPERIENCE**

**In this section, list all employment history and work experience in date order, including military experience. Begin with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification. \*\* If you prefer, attach a resume' instead of completing this Work Experience & Reference sections\*\***

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**Current Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ per \_\_\_\_\_ Ending Salary: \_\_\_\_\_ per \_\_\_\_\_  
hourly or yearly hourly or yearly

Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_

\_\_\_\_\_

Why do you want to leave? \_\_\_\_\_

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**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ per \_\_\_\_\_ Ending Salary: \_\_\_\_\_ per \_\_\_\_\_  
hourly or yearly hourly or yearly

Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

\*\*\*\*\*

**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ per \_\_\_\_\_ Ending Salary: \_\_\_\_\_ per \_\_\_\_\_  
hourly or yearly hourly or yearly

Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

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**Previous Employer:** \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates Employed: \_\_\_\_\_ to \_\_\_\_\_

Job Title: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Beginning Salary: \_\_\_\_\_ per \_\_\_\_\_ Ending Salary: \_\_\_\_\_ per \_\_\_\_\_  
hourly or yearly hourly or yearly

Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_

\_\_\_\_\_

Why did you leave? \_\_\_\_\_

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**If you need to list any additional previous employers,  
please use a blank sheet of paper to do so.**

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**EDUCATION AND TRAINING**

**This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge, and abilities of the applicant to perform the job duties of the position.**

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High School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Did you graduate? \_\_\_\_\_ High School Equivalent? \_\_\_\_\_

Courses pertaining to job applied for: \_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

\_\_\_\_\_

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College or Trade School Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Did you graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Courses pertaining to job applied for: \_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

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Graduate School(s) Attended: \_\_\_\_\_

Address: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_ to \_\_\_\_\_

Did you Graduate? \_\_\_\_\_ Degree: \_\_\_\_\_

Courses pertaining to job applied for: \_\_\_\_\_

Activities, awards, achievements, etc., related to the position applied for: \_\_\_\_\_

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**Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application.**

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**REFERENCES**

**Please list three references to which you are not related that you have known at least one year:**

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**Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Number of Years Acquainted** \_\_\_\_\_

**Name :** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Number of Years Acquainted** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Occupation** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**Number of Years Acquainted** \_\_\_\_\_

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**Please answer the following questions if they are applicable to the position for which you are applying.**

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Do you possess a valid state of Ohio driver's license?       Yes       No

If no, can you obtain one prior to employment?       Yes       No

Do you possess a valid state of Ohio commercial driver's license?       Yes       No

If yes, what class of license? \_\_\_\_\_

What CDL endorsements? \_\_\_\_\_

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If no, can you obtain the proper class of commercial driver's license and endorsements, for the position you are applying for, prior to employment?  Yes  No

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Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of **each paragraph**. **If you have any questions regarding one or more paragraphs, contact the employer before initialing.**

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1. I understand and accept that, if I am selected for employment, my initial and continued employment will be conditioned upon my passing any medical/psychological/physical ability examination that the employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I understand and accept that this may include drug, alcohol, or substance abuse testing.

Initials: \_\_\_\_\_

2. If employed, I understand and accept that I may be required to work evening or night shifts including weekends, be on call, and/or work mandatory overtime hours. I also understand and accept that I am required to abide by all rules and regulations of the City of Shelby.

Initials: \_\_\_\_\_

3. I understand and accept that it may be necessary for me to sign other forms necessary to allow the employer to obtain information from my current and former employers, schools, personal references, driving records, credit checks, criminal background checks, etc.

Initials: \_\_\_\_\_

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_



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6. I agree that any claim or lawsuit relating to my service with the City of Shelby 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.

Initials: \_\_\_\_\_

**\*\*IMPORTANT INFORMATION – READ BEFORE SIGNING\*\***

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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**EEO DATA: VOLUNTARY DISCLOSURE FORM**

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Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ SEX  FEMALE  MALE

POSITION APPLIED FOR: \_\_\_\_\_

**RACIAL AND ETHNIC CATEGORIES:**

- White (not of Hispanic origin)
- Black or African American (not of Hispanic origin)
- Hispanic
- Asian
- American Indian or Native Alaskan
- Hawaiian or other Pacific Island
- Other