

# Application for Employment



**City of Fairlawn**  
 3487 S. Smith Road  
 Fairlawn, Ohio 44333  
 330-668-9500

*(Please Print.)*

Position Applying For	Date of Application
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Last Name	First Name	Middle Initial
Address		Apt. #
City	State	Zip
E-mail Address		
Telephone Number		SSN (Last 4 digits)

Have you ever applied for a job with the City before? .....  Yes  No  
 If yes, specify \_\_\_\_\_

Have you ever been employed with the City before? .....  Yes  No  
 If yes, specify \_\_\_\_\_

Do any of your relatives work for the City? .....  Yes  No  
 If yes, specify \_\_\_\_\_

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
*(Proof of citizenship or immigration status will be required upon employment)* .....  Yes  No

Are you available to work:                       Full-Time      (please indicate:  1<sup>st</sup>  2<sup>nd</sup>  3<sup>rd</sup>)  
     Part-Time      (please indicate:  Mornings  Afternoon  Evenings)  
     Seasonal      (please indicate dates: available (\_\_\_/\_\_\_-\_\_\_/\_\_\_))

Do you have a valid driver's license? .....  Yes  No  
 If yes, either include a copy (voluntary) or list license # \_\_\_\_\_ issue date \_\_\_\_\_ State \_\_\_\_\_

Can you show proof of insurance on your automobile? .....  Yes  No  
 If yes, please include a copy.

**MILITARY**

Have you ever served in the armed forces of the United States? .....  Yes  No  
 From \_\_\_/\_\_\_/\_\_\_ To \_\_\_/\_\_\_/\_\_\_ Branch \_\_\_\_\_

Please submit a copy of your DD-214 form with this application.

## EMPLOYMENT

Are you currently on "lay-off" status and subject to recall?  Yes  No

Have you ever worked or attended school under any other name?..... Yes  No  
If yes, please explain

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Have you ever been terminated from a position or disciplined at work?..... Yes  No  
If yes, give details

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Are you capable of performing with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied?..... Yes  No

## EDUCATION

High School	Address	
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Course of Study	No. of Years Completed
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Diploma/Degree
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Undergraduate College	Address	
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Course of Study	No. of Years Completed
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Diploma/Degree
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Graduate/Professional	Address	
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Course of Study	No. of Years Completed
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Diploma/Degree
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Other Specify	Address	
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Course of Study	No. of Years Completed
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Diploma/Degree
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## EMPLOYMENT EXPERIENCE

Start with your current or most recent job. (If you need additional space, please continue on separate paper.)

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Current/Final Salary		
Reason for Leaving			

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Current/Final Salary		
Reason for Leaving			

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Current/Final Salary		
Reason for Leaving			

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone Number			
Job Title	Current/Final Salary		
Reason for Leaving			

## BUSINESS REFERENCES (SUPERVISORS AND CO-WORKERS)

1) Name	<b>Telephone Number</b>	<b>E-mail Address</b>
Address		
2) Name	<b>Telephone Number</b>	<b>E-mail Address</b>
Address		
3) Name	<b>Telephone Number</b>	<b>E-mail Address</b>
Address		

## OTHER QUALIFICATIONS

List any special certifications, such as LEADS, OPOTA, EMT, Firefighter, CDL, ASE, etc. Summarize special job related skills and qualifications acquired from employment or other experience. Please submit a copy of all current job related certifications with this application.

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**PRIOR RESIDENCE INFORMATION (PAST 7 YEARS)**

(Street, City, State)

Date Resided

Zip

(Street, City, State)

Date Resided

Zip

(Street, City, State)

Date Resided

Zip

(Street, City, State)

Date Resided

Zip

(Street, City, State)

Date Resided

Zip

**APPLICANT'S STATEMENT**

STATE OF OHIO            )  
  )  
COUNTY OF SUMMIT     )

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application of employment as may be necessary in arriving at an employment decision. I understand that this application for employment shall be considered active for a period of time not to exceed 365 days and that at the expiration of that time period, I must reapply.

I understand that if any information given by me in the application and/or interview(s) is false or misleading. I will be disqualified from being considered for employment with the City of Fairlawn, or if I have been hired, that I will be subject to dismissal regardless of whether I have completed the probationary period, regardless of the passage of time after my hiring, and notwithstanding the receipt of any interim satisfactory performance.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date