

Employment Application

Avon Lake is An Equal Opportunity Employer

To complete the fo	rm, download it a	and fill in t	the PDF or print.		
PLEASE PRINT				Date	
Full-Time	Part-Time	!	Seasonal		
Position Applied fo	r				
Date Available to S	tart Work				
PERSONAL	INFORMA ⁻	ΓΙΟΝ			
I LIGOTA/L	IIII OIII III	11011			
Name(Last)			(First)		(Middle)
Mailing Address					
_	ouse Number)	(Street)			(Apt. No./P.O. Box)
 (Cit	tv)		(State)		(Zip Code)
					(Lip code)
Length of Time at A	Address				
Phone					
(Home)			(Cell)		(Work)
Email					
Previous Address					
(F	louse Number)	(Street)			(Apt. No./P.O. Box)
<u>-</u>					
(C	ity)		(State)		(Zip Code)

Driver's Licen	ıse					
	(Number)		(State)		(Exp. Date)	
Ту	/pe					
	(CDL)				(Class)	
Have you eve	er been a meml	ber of the Armed	Services?			
Yes	No					
If yes, please	give date of di	ischarge				
		(Month)		(Day)	(Year)	
an applicant's Ohio Revised	s criminal reco I Code disquali	rd will be made fies individuals v	before excluding an applicant	from considera convicted of, co	loyment; an individual assessmation. However, Section 2961.02 ertain felonies involving fraud, erty of the City.	2 of the
Are you relat	ed to a City en	nployee or is any	member of your household en	mployed by the	City?	
Yes	No					
If yes, please	share the follo	owing informatio	n:			
(Name)			(Relationship to You)	(Department)	
EDUCAT	TON					
High School						
	(Name)					
	(City)		(State)		(Zip Code)	
Highest Leve	l Completed					
9	10	11	12			

List any course work or specialized technical and/or vocational training relevant to this position. Only the course work and/or training listed will be considered in determining your eligibility.				
Type of Training	Where Training was Received	Date of Completion		
List all additional formal education you I	have received. Please be sure to provide complete	information.		
College or University - Undergraduate St	udies			
(Name)				
(City)	(State)	(Zip Code)		
Major(s)				
Minor(s)				
Degree(s)				
(Name)		(Year)		
Quarter Hours Completed	Semester Hours Completed			

Col	llege or University - Graduate Studies		
(Naı	me)		
(City	у)	(State)	(Zip Code)
Ma	jor		
Deg	gree		
	(Name)		(Year)
Qua	arter Hours Completed	Semester Hours Comple	ted
List	ur eligibility. Current or Most Recent Employer: Dates of Employment		e jobs listed will be considered in determining
	(From) Title of Position	(10)	
	Employer Name		
	Employer Address		
	Phone	Supervisor/Title	
	Hours Worked Per Week		
	Duties of Job:		

Starting Salary	Per	Last Salary	Per
Reason for Leaving:			
Employer:			
Dates of Employment		(T-)	
(From) Title of Position		(10)	
Phone	Su	pervisor/Title	
Hours Worked Per Week			
Duties of Job:			
Starting Salary	Per	Last Salary	Per
Reason for Leaving:			

3.	Employer:				
	Dates of Employment(From)		(To)		
	Employer Name				
	Employer Address Phone				
	Hours Worked Per Week				
	Duties of Job:				
	Starting Calany	2	1		
	Starting Salary	Per	Last Salary	Per	
	Reason for Leaving:				
Ha	ve you had any periods of unemplo	yment during the last fi	ve (5) years? Yes	No	
	If yes				
	(From)		(To)		

Have you ever worked for the C	ity of Avon Lake?	Yes	No	
If yes				
(From)			(To)	
Department				
Classification				
Reason for Leaving:				
List memberships in profession	al, job-related organizati	ions:		
List any active professional, tec	hnical, occupational lice	enses or certifica	ates and registrations you nov	/ hold:

References: List three (3) personal references who are not relatives or former employers Name (First) (Last) (Middle) Address (Street) (House Number) (Apt. No./P.O. Box) (City) (State) (Zip Code) Phone Occupation _____ Years Known _____ Name (First) (Last) (Middle) Address (Street) (House Number) (Apt. No./P.O. Box) (City) (State) (Zip Code) Occupation _____ Years Known _____ Name (First) (Middle) (Last) Address (Street) (House Number) (Apt. No./P.O. Box)

City of Avon Lake, Ohio

(State)

Occupation _____

(Zip Code)

Years Known _____

(City)

Phone

IMPORTANT: Employment is subject to verification of an applicant's background. That background investigation may include
testing for current usage of drugs and/or controlled substances. Additionally, the City is required by Federal Law to verify having
seen documents, which the applicant must provide as part of later pre-employment processing that show: (1) the applicant's
identity and (2) the applicant's right to work in the United States.

I hereby certify that I have read all information above, and that, to the best of my knowledge and belief, all statements made
herein or attached are complete and accurate. In the event of employment, I understand that false or misleading information
given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and
regulations of the employer.

Signature	Date

DISCLOSURE UNDER FAIR CREDIT REPORTING ACT AND CONSENT TO PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

I, the undersigned, hereby authorize the City of Avon Lake, its insurance agency or its assigns, to obtain copies of consumer reports including a motor vehicle report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used and I do hereby authorize such use.

Signature	Date
Printed Name	
Please return with completed application	

Please return with completed application.

1/27/22 City of Avon Lake, Ohio

WORKPLACE STATISTICS SURVEY (Completion Optional)

The data requested on this sheet will be kept strictly confidential and will NOT be part of any personnel or job applicant records. The information will be accessible only to the Equal Employment Opportunity Officer/Human Resources Director and is being gathered in compliance with Federal Equal Employment Opportunity regulations (EEOC-www.eeoc.gov). It will assist us in evaluating the City's progress in providing equal job opportunities to all applicants. Thank you for your cooperation!

(PLEASE PRINT)			
			ACIEN
(Last)		(First)	(Middle)
Male	Female		
Age		Educational Level	
Race/Ethnic Group	Caucasian Native American	Black/African American Asian/Pacific Islander	Hispanic/Latino Other
Position Applied for _			
Do you have a conditi	on or disability that preclude	s you from performing the position for wh	ich you have applied?
Yes No			
If yes, please explain:			
Referral Source	Walk-In Internet – Website	Friend City Website	Relative
	Advertisement L	ist newspaper	

Please return with completed application. Should you return the survey by mail, please do so under separate cover to the attention of the Human Resources Director, 150 Avon Belden, Avon Lake, OH 44012.