

Please include your e-mail: _____

APPLICATION FOR EMPLOYMENT

City of Worthington

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

(PLEASE PRINT)					
Position(s) Applied For			Date Of Application		
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement	<input type="checkbox"/> Friend	<input type="checkbox"/> Walk-In			
<input type="checkbox"/> Employment Agency	<input type="checkbox"/> Relative	<input type="checkbox"/> Other _____			
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Telephone Number(s)			Social Security Number		

If you are under 18 years of age, can you provide required proof of your eligibility to work?	Yes	No
Have you ever filed an application with us before?	Yes	No
	If Yes, give date	
Have you ever been employed with us before?	Yes	No
	If Yes, give date	
Are you currently employed?	Yes	No
May we contact your present employer?	Yes	No
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? <i>Proof of citizenship or immigration status will be required upon employment</i>	Yes	No
On what date would you be available to work?		
Are you available to work:	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time
	<input type="checkbox"/> Shift Work	<input type="checkbox"/> Temporary
Are you currently on "lay-off" status and subject to recall?	Yes	No
Can you travel if a job requires it?	Yes	No

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EDUCATION

	Elementary School	High School	Undergraduate College/University	Graduate/ Professional
School Name and Location				
Years Completed (circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree				
Describe Course of Study				
Describe any specialized training, apprenticeship, skills and extracurricular activities				
Describe any honors you have received				
State any additional information you feel may be helpful to us in considering your application				

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

You may exclude memberships which would reveal race, color, religion, creed, gender, national origin, age, disability/handicap, marital or veteran status, sexual orientation, ancestry, or any other legally protected status:

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Have you ever had any job-related training in the United States military? Yes No

If Yes, please describe _____

DISCRIMINATION ON THE BASIS OF DISABILITY IS PROHIBITED BY LAW.

Answer this question after reviewing a description of the job applied for:

Are you able to perform the essential functions of this position? Yes No

If no, is there a reasonable accommodation which can be made to enable you to perform the essential functions of this job?

Yes No (If yes, please complete the attached form)

EMPLOYMENT 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, creed, gender, national origin, age, disability/handicap, marital or veteran status, sexual orientation, ancestry, or any other legally protected status.

1	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			
2	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			
3	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			
4	Employer	Dates Employed		Work Performed
		From	To	
	Address			
	Telephone Number(s)	Hourly Rate/Salary		
		From	To	
	Job Title	Supervisor		
	Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special Job-related skills and qualifications acquired from employment or other experience.

APPLICANTS STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge.

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

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with the City is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time for any reason, except as otherwise determined by the Codified Ordinances of the City of Worthington or applicable law. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of the City.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks _____

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/Salary _____ Department _____

By _____
Name & Title Date

NOTES: _____



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APPLICANT RELEASE FORM

I, _____, _____,
(Name of Applicant) (Address of Applicant)

have applied for employment as a _____ in the City of Worthington, Ohio. I understand that if an offer of employment is made, the City of Worthington may require me to undergo a post-offer medical examination in order to verify that I am able to perform the essential functions of the position. I understand that the City of Worthington may also conduct, prior to an offer of employment, an investigation of my personal background in order to obtain information pertaining to my character, general reputation, criminal record, security background, and financial and credit history, and that such investigation may include a polygraph test. I further understand that the offer of employment is conditioned upon a satisfactory outcome in both the medical examination and the City's investigation of my personal background. I hereby authorize the City of Worthington, its agents, and its representatives to conduct both the medical examination and the personal background investigation.

I hereby assume the risk of any and all harm or injury that I may sustain as a result of the above-referenced medical examination and personal background investigation, and hereby release and hold harmless the City of Worthington, its predecessors, successors, assigns, trustees, directors, officers, administrators, employees, agents, and representatives from any and all liability for any harm or injury that I may sustain arising out of or as a result of such medical examination and personal background investigation or following completion of the same.

I hereby affix my signature knowingly and voluntarily, absent of any duress or coercion.

Signature of Applicant

Date



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**PRE-EMPLOYMENT DRUG TESTING CONSENT FORM
(GENERAL)**

I, _____, understand that, as a candidate for employment with the City of Worthington, I must, in order to be appointed to a position with the City of Worthington, voluntarily consent to, and successfully pass, a urinalysis to detect the presence of drugs in my system. I also understand that I will not actually be administered such a test until I have received a conditional offer of employment. I further understand that my application for employment will be rejected if I decline to sign this consent and thereby decline to be tested or if my test results are confirmed to be positive for the presence of illegal drugs or legal drugs for which I cannot submit sufficient proof that such drugs were legally obtained and used.

I hereby knowingly and voluntarily consent to participate in a substance abuse urinalysis and authorize the City of Worthington to conduct through its designated medical examiner(s), said urinalysis. In addition, I authorize the medical examiner(s) to release any and all information regarding the test(s), including the/their results, to the City of Worthington and its representative. I further release the City of Worthington, its officers, directors, employees, agents, representative from any and all claims, suits, causes for action, liability, and damages arising from my submitting to the test(s) and from the information obtained from the test(s).

Signature of Candidate

Date

Signature of Witness

Date

I refuse to consent to a urinalysis.

Signature of Candidate

Date

Signature of Witness

Date



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CONSENT TO OBTAINING CONSUMER REPORTS
READ CAREFULLY BEFORE SIGNING

- 1) I have read the attached "NOTICE TO APPLICANTS/EMPLOYEES REGARDING CONSUMER REPORTS" and hereby authorize the City of Worthington, Ohio to obtain consumer reports and/or investigative consumer reports as described.
- 2) I understand that I have the right to make a written request within a reasonable amount of time to receive additional, detailed information about the nature and scope of any investigative report or other consumer reports that are made, including the name, address, and telephone number of the consumer reporting agency.
- 3) I hereby authorize any present or former employers, consumer reporting agencies, educational institutions, criminal justice agencies, departments of motor vehicles, public agency, financial institutions, or any other person or agency having knowledge of me to submit information or opinions about myself, including data received from other sources, in order that my employment qualifications may be evaluated. I hold said persons and/or organizations blameless and without liability for statements or opinions made regarding my character, experience, or qualifications.
- 4) I hereby release and hold harmless the City of Worthington, Ohio, its predecessors, successors, assigns, trustees, directors, officers, administrators, employees, and agents from any and all liability and responsibility, damages, and claims of any kind whatsoever arising from this investigation of my background.

By my signature below, I acknowledge that I have read and understood all of the above statements.

Print Name

Signature

Date



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NOTICE TO APPLICANTS/EMPLOYEES
REGARDING CONSUMER REPORTS

A consumer report and/or an investigative consumer report including information concerning your character, employment history, general reputation, personal characteristics, police record, education, qualifications, motor vehicle record, mode of living, and/or credit and indebtedness may be obtained in connection with your application for and/or continued employment with the City of Worthington, Ohio. A consumer report containing injury and illness records and medical information may be obtained after a tentative offer of employment has been made. Upon timely written request of the personnel department of the City of Worthington, and within five (5) days of the request, the name, address, and phone number of the reporting agency and the nature and scope of the consumer report will be disclosed to you.

Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report, the name, address, and telephone number of the reporting agency, a summary of your rights under the Fair Credit Report Act, as well as additional information on your rights under the law.

A Summary of Your Rights Under the Fair Credit Reporting Act

The federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every "consumer reporting agency" (CRA). Most CRAs are credit bureaus that gather and sell information about you — such as if you pay your bills on time or have filed bankruptcy — to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S. C. §§1681-1681 u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you — such as denying an application for credit, insurance, or employment — must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs — to which it has provided the data — of any error). The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. **However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified.** If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate items with the source of the information.** If you tell anyone — such as a creditor who reports to a CRA — that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once

you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA — usually to consider an application with a creditor, insurer, employer, landlord, or other business.
- **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING:	PLEASE CONTACT:
CRAs, creditor and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 * 202-326-3761
National banks, federal branches/agencies of foreign banks (word "National" or initial "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 * 800-613-6743
Federal Reserve System member banks (except national banks, and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 * 202-452-3693
Savings associations and federally chartered savings banks (word "Federal" or initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, DC 20552 * 800-842-6929
Federal credit unions (words "Federal Credit Union" appear in institution's name)	National Credit Union Administration 1775 Duke Street Alexandria, VA 22314 * 703-518-6360
State-chartered banks that are not members of the Federal Reserve System	Federal Deposit Insurance Corporation Division of Compliance & Consumer Affairs Washington, DC 20429 * 800-934-FDIC
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 * 202-366-1306
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA



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EQUAL EMPLOYMENT OPPORTUNITY APPLICANT INFORMATION

To help us comply with Federal Laws regarding Equal Employment Opportunity record keeping, please answer the following questions as they apply. This form will be retained in a confidential file separate from your employment application.

COMPLETION OF THIS FORM IS VOLUNTARY

Name: _____ Social Security Number: _____

Position for which you are applying: _____ Date: _____

Sex: _____ Male _____ Female Date of Birth: _____

RACE/ETHNIC GROUP:

- White - Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black - Persons having origins in any of the black racial groups of Africa.
- Hispanic - Persons of Mexican, Puerto Rican, Cuban, Central or South America, or other Spanish culture or origin, regardless of race.
- American Indian or Alaskan Native - Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islanders - Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands. This area includes China, Japan, Korea, the Philippine Islands, and Samoa.

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- Vietnam-Era Veteran - any veteran of the armed forces who, between August 5, 1964 and May 7, 1975, served on active duty for at least 181 consecutive days.
 - Disabled Veteran - Any veteran entitled to disability compensation through the Veterans Administration for a disability rated at 30% or more; or any veteran discharged or released from active duty for a disability incurred or aggravated in the line of duty.
 - Handicapped - Physical or mental handicap which substantially limits one or more major life activity.