

Who? _____

Can you perform all of the essential functions of the job(s) for which you are applying, with or without a reasonable accommodation? _____ Yes _____ No

Are you currently using illegal drugs? _____ Yes _____ No

Have you ever served in the U.S. military? _____ Yes _____ No

If your answer to the last question was "yes," list branches of military service: _____

EDUCATION

High School: _____ Diploma/GED? _____ Yes _____ No

College/University: _____ Degree _____ Obtained: _____

Major: _____ Honors: _____

Graduate School: _____ Degree _____ Obtained: _____

Major: _____ Honors: _____

Other School: _____ Degree _____ Obtained: _____

Major: _____ Honors: _____

Are you currently attending school? _____ Yes _____ No

If you answered "yes" to the last question, what school are you attending and what courses are you taking? _____

SKILLS AND CERTIFICATIONS

Do you have any licenses or certifications that you believe are relevant for this job? If so, which ones? _____

Do you have any other skills or experience that you believe may qualify you for this job? _____

EMPLOYMENT HISTORY

List your employers for the past ten years. Start with the most recent.

Are you currently employed? _____ Yes _____ No

Employer name: _____ Address: _____

Telephone Number: _____ Supervisor: _____

Salary/Wage: _____ Start date: _____ End date: _____ Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

If "no," why not? _____

Employer name: _____ Address: _____

Telephone Number: _____ Supervisor: _____

Salary/Wage: _____ Start date: _____ End date: _____ Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

If "no," why not? _____

Employer name: _____ Address: _____

Telephone Number: _____ Supervisor: _____

Salary/Wage: _____ Start date: _____ End date: _____ Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

If "no," why not? _____

Employer name: _____ Address: _____

Telephone Number: _____ Supervisor: _____

Salary/Wage: _____ Start date: _____ End date: _____ Reason for leaving: _____

May we contact this employer? _____ Yes _____ No

If "no," why not? _____

Please explain any periods of unemployment not accounted for above: _____

How many days were you absent from work during the past year? _____

REFERENCES

Please list three professional or business references (not including relatives) who have known you for at least five years:

Name	Telephone Number	How do they know you?
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Name	Telephone Number	How do they know you?
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Name	Telephone Number	How do they know you?
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APPLICANT'S STATEMENT

By signing below, I agree to all of the following:

- All of the information I have provided in this application is both accurate and complete. If the City learns that I have misrepresented or omitted anything on this application, or during an interview, or at any other stage of the application process, it may decline to hire me, and may terminate my employment if it has already begun.
- By accepting this application, the City is not required to offer me employment.
- If the City chooses to make me a preliminary offer of employment, it may insist that I submit to a drug and alcohol test and/or a medical examination. I agree to do these things if the City requests them, and understand that any preliminary offer may be rescinded if, for any reason, I refuse. In addition, if I become employed by the City, I agree to undergo any medical examinations (including drug and alcohol testing) that the City might request and that are job-related and consistent with business necessity.
- If I do become employed at the City, unless covered by a separate collective bargaining agreement, my employment will be "at will," which means that both City and I will be free to end our employment relationship at any time, and for any reason, and without providing any advance notice.
- If I become employed by the City, and my employment ends, the City may furnish information about my former employment to persons who ask the City for employment references about me. I give my permission for the City to do this, and release the City from all liability for providing employment references about me.
- If I am hired, I will be required to provide proof of my identity and of my legal ability to work in the United States.

I have read, understand and agree to all of the above.

Applicant's Signature

Date Signed

ACKNOWLEDGMENT REGARDING DRUG AND ALCOHOL TESTING

I understand that screening tests for alcohol and illegal drug use may be required if the City of Bedford makes me a preliminary offer of employment, and may also be required again during my employment if I am hired. I agree to submit to those tests. I also understand and agree that any preliminary offer of employment will be withdrawn if I change my mind and refuse to submit to a screening test for alcohol and illegal drug use.

Applicant's Signature

Date Signed

AUTHORIZATION TO RELEASE INFORMATION

I have applied for employment with the City of Bedford, Ohio, and want the City be informed fully of my background. **I therefore authorize the City to investigate all aspects of my background which may be of interest to it, and release the City from any liability associated with conducting this investigation.** This includes, but is not limited to, contacting the references I have provided or other people who the City may believe have information about me, investigating my employment history and my educational background, and obtaining my motor vehicle records, public records about me, and my criminal and other court records (whether privileged or not).

By signing below, I authorize anyone who has information or records about me to provide those things to the City of Bedford so that it can investigate my suitability for potential employment, and release from liability anyone who furnishes information or records to the City in connection with its investigation of my application for employment.

I am giving this authorization in exchange for the City's willingness to consider me for potential employment. I understand that no information or records that are furnished to the City pursuant to this authorization will be used in violation of any federal or state law or regulation.

A photocopy of this release will be considered just as effective and binding as the original signed version.

Applicant's Signature

Date Signed