

If you are an individual with a disability and need reasonable accommodation to participate in the hiring/selection process, please contact the City of Fort Wright at (859) 331-1700.

EDUCATIONAL HISTORY

10/26/06

Check last year successfully completed in elementary or high school

Name and Location (City/State) of last High School

1 2 3 4 5 6 7 8 9 10 11 12 GED

<u>Name and Location of School</u> List Name of School	<u>Graduated</u> Y or N	<u>Type of Degree Earned</u> Master, Bachelor or Associate	<u>Curriculum</u>	
			Major	Minor
College or University				
College or University				
College or University				
Other Training (Military or Trade)				
List additional training you have received that relates to the position for which you are applying. (Courses, seminars, etc.)				
List computer-related skills and years of experience. Specify software and hardware experience.				
List other equipment and/or office machine operation and years of experience as it pertains to this position.				
List special skills relevant to the position and years of experience (i.e., management or supervisory experience).				
Do you have friends or relatives who presently work for the City of Fort Wright? If yes, provide name and relationship.				

ADDITIONAL INFORMATION

Please give any additional information which may more fully describe your qualifications, skills, experience and background.

RECORD OF EMPLOYMENT

Start with your present or last job and list ALL the jobs you have held. Explain any gaps in your employment, other than those due to personal illness, injury or disability. If you need more space, request an addendum. Fort Wright will confirm dates of employment, positions held and reasons for leaving with prior employers.

PLEASE NOTE: Applicants Must Complete Even If Attaching A Resumé

<u>Name of Employer</u>	<input type="checkbox"/> <u>Full Time</u> <input type="checkbox"/> <u>Part Time</u> <input type="checkbox"/> <u>Temp</u>
<u>Address (Include City, State and Zip)</u>	<u>Start Date</u> <u>Final Date</u> Mo Yr Mo Yr
<u>Type of Business</u> <u>Name of Supervisor</u> <u>Phone Number</u>	<u>Starting Pay</u> <u>Final Pay</u>
<u>Starting Job Title/Final Job Title</u>	<u>Reason For Leaving</u>
<u>Description of Work and Responsibilities (attach additional sheet if necessary)</u>	

<u>Name of Employer</u>	<input type="checkbox"/> <u>Full Time</u> <input type="checkbox"/> <u>Part Time</u> <input type="checkbox"/> <u>Temp</u>
<u>Address (Include City, State and Zip)</u>	<u>Start Date</u> <u>Final Date</u> Mo Yr Mo Yr
<u>Type of Business</u> <u>Name of Supervisor</u> <u>Phone Number</u>	<u>Starting Pay</u> <u>Final Pay</u>
<u>Starting Job Title/Final Job Title</u>	<u>Reason For Leaving</u>
<u>Description of Work and Responsibilities (attach additional sheet if necessary)</u>	

<u>Name of Employer</u>			<input type="checkbox"/> <u>Full Time</u> <input type="checkbox"/> <u>Part Time</u> <input type="checkbox"/> <u>Temp</u>	
<u>Address (Include City, State and Zip)</u>			<u>Start Date</u> <u>Final Date</u> Mo Yr Mo Yr	
<u>Type of Business</u>	<u>Name of Supervisor</u>	<u>Phone Number</u>	<u>Starting Pay</u>	<u>Final Pay</u>
<u>Starting Job Title/Final Job Title</u>			<u>Reason For Leaving</u>	
<u>Description of Work and Responsibilities (attach additional sheet if necessary)</u>				

JOB OPENING

How did you first learn of this opening?

City Posting City Sign City Employee
 Fort Wright Website Cincinnati Enquirer Recorder Newspaper Friend or Relative
 Enquirer Web Site Internet Website (Please list name) _____
 Other _____

REFERENCES

List name and telephone number of three business/work references that are *not* related to you and are *not* previous supervisors.
If not applicable, list three school or personal references that are not related to you.

1. Name	Business	Title
Relationship to You	Daytime Phone	Number of Years Known

2. Name	Business	Title
Relationship to You	Daytime Phone	Number of Years Known

3. Name	Business	Job Title

APPLICANT STATEMENT

I certify that the information provided in this Application for Employment is true, correct and complete. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resumé, or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me. If hired, this application becomes part of your official employment record.

If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by the City of Fort Wright. I understand that any offer of employment may be contingent upon such medical examination.

I agree that, if hired, my employment is for no definite period and may be terminated at any time for any reason by either me or the City of Fort Wright. I agree that this cannot be changed except in writing by the City of Fort Wright and that any statements to the contrary are not binding on the City of Fort Wright.

I agree that any claim of lawsuit relating to my service with the City of Fort Wright or any of its subsidiaries must be filed no more than six (6) months after the date of employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANTS STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature _____ Date _____

I authorize any reference, school, former employer or other person to disclose to the City of Fort Wright, upon request, any information they may have about me and I release them from all liability for disclosing such information they may have about me and I release them from all liability for disclosing such information to the City of Fort Wright.

Signature _____ Date _____