



# APPLICATION FOR EMPLOYMENT

## City of Worthington

Position(s) Applied For \_\_\_\_\_

Date Of Application \_\_\_\_\_

How Did You Learn About Us?

Advertisement ☐

Friend ☐

Walk-In ☐

Employment Agency ☐

Relative ☐

Other \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_

Middle Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_

Telephone 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?

*Proof of citizenship or immigration status will be required upon employment*

Yes

No

On what date would you be available to work?

Are you available to work: ☐

Full Time

☐

Part Time

☐

Shift Work

☐

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/Deegree				
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:

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## 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 \_\_\_\_\_

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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.

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# 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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# ADDENDUM TO EMPLOYMENT APPLICATION

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ANY INFORMATION CONTAINED IN THIS ADDENDUM TO EMPLOYMENT APPLICATION SHALL NOT BE USED TO DISCRIMINATE AGAINST THE MAKER WITH RESPECT TO HIRE, TENURE, TERMS, CONDITIONS, OR PRIVILEGES OF EMPLOYMENT, OR ANY MATTER DIRECTLY OR INDIRECTLY RELATED TO EMPLOYMENT.

On the employment application I have indicated that I cannot perform the essential functions of the position for which I am applying without a reasonable accommodation. The following is an example of an accommodation which can be made to enable me to perform the essential functions of the position for which I am applying.

Position: \_\_\_\_\_

Description of accommodation:

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I understand that the above statement shall be kept confidential by the City of Worthington. I further understand that in the event I am hired by the City of Worthington my assigned supervisor may be given such information and instructions regarding my condition as are necessary to ensure my health and safety as an employee of the City of Worthington and may be informed of work restrictions and necessary accommodations.



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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) promotes the accuracy, fairness, and privacy of information in the files of consumer reporting agencies. There are many types of consumer reporting agencies, including credit bureaus that gather and sell information about your creditworthiness to creditors, employers, landlords, and other businesses. The FCRA gives you specific rights, which are summarized below. You may have additional rights under state law. For more information, go to [www.ftc.gov/credit](http://www.ftc.gov/credit), or write to: Consumer Response Center, Federal Trade Commission, 600 Pennsylvania Ave. N.W., Washington, D.C. 20580.

**You must be told if information in your file has been used against you.** Anyone who uses information from a consumer reporting agency to deny your application for credit, insurance, or employment – or take another adverse action against you – must tell you and give you the name, address, and phone number of the agency that provided the information.

**You can find out what is in your file.** At any time, you may request and obtain your report from a consumer reporting agency. You will be asked to provide proper identification, which may include your Social Security number. In many cases the report will be free. You are entitled to free reports if a person has taken adverse action against you because of information in a report; if you are the victim of identify theft; if you are the victim of fraud; if you are on public assistance; or if you are unemployed but expect to apply for employment within 60 days. In addition, you are entitled to one free report every twelve months from each of the nationwide credit bureaus and from some specialized consumer reporting agencies. See [www.ftc.gov/credit](http://www.ftc.gov/credit) for details about how to obtain your free report.

**You have a right to know your credit score.** Credit scores are numerical summaries of a consumer's creditworthiness based on information from consumer reports. For a fee, you may get your credit score. For more information, click on [www.ftc.gov/credit](http://www.ftc.gov/credit). In some mortgage transactions, you will get credit score information without charge.

**You can dispute inaccurate information with the consumer reporting agency.** If you tell a consumer reporting agency that your file has inaccurate information, the agency must take certain steps to investigate unless your dispute is frivolous. For an explanation of dispute procedures, go to [www.ftc.gov/credit](http://www.ftc.gov/credit).

**Inaccurate information must be corrected or deleted.** A consumer reporting agency or furnisher must remove or correct information verified as inaccurate, usually within 30 days after you dispute it. However, a consumer reporting agency may continue to report negative data that it verifies as being accurate.

**Outdated negative information may not be reported.** In most cases, a consumer reporting agency may not report negative information that is more than seven years old, or bankruptcies that are more than 10 years old.

**Access to your file is limited.** A consumer reporting agency may provide information about you only to people with a valid need as determined 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.** A consumer reporting agency may not give out information about you to your employer, or potential employer, without your written consent. Blanket consent may be given at the time of employment or later.

**You may choose to remove your name from consumer reporting agency lists for unsolicited credit and insurance offers.** These offers must include a toll-free phone number you can call if you choose to take your name and address off lists in the future. You may opt-out at the major credit bureaus by calling 1-800-XXXXXXX.

**You may seek damages from violators.** If a consumer reporting agency, a user of consumer reports, or, in some cases, a furnisher of information to a consumer reporting agency violates the FCRA, you may sue them in state or federal court.

**Identity theft victims and active duty military personnel have additional rights.** Victims of identity theft have new rights under the FCRA. Active-duty military personnel who are away from their regular duty station may file "active duty" alerts to help prevent identity theft. For more information, visit [www.ftc.gov/credit](http://www.ftc.gov/credit).

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

<b>TO COMPLAIN AND FOR INFORMATION:</b>	<b>PLEASE CONTACT:</b>
Consumer reporting agencies, creditors and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 1-877-382-4367 (Toll-Free)
National banks, federal branches/agencies of foreign banks (word "National" or initials "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 Washington, DC 20250 202-720-7051



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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 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.

\_\_\_\_ 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.