

## **CITY OF CHARDON**

## **Employment Application** (Please Print Clearly)

111 Water Street Chardon, OH 44024 Phone: 440-286-2600 www.chardon.cc

Applicant Information						
PERSONAL INFORMATIO	ERSONAL INFORMATION Today's Date:					
Full Name:						
Last	First	M.I.				
Present Address:	City		State	Zip		
Permanent Address:						
Street	City		State	Zip		
Home Phone: ()		Mobile Phone: ()				
Email Address:						
Are you 18 Years or Older?	☐ Yes ☐ No					
Are you prevented from lawful	lly becoming employed in this country becomes	cause of VISA or Imm	igration status? □	Yes □ No		
EMPLOYMENT DESIRED	]					
Position:	Available Start Da	te:	_ Desired Salary	r:		
	es $\square$ No If so, may we inquire of you		·			
	ployment within the City of Chardon before			at?		
	noyment within the City of Chardon before	e: La res La No II yes	s, when and for who	at:		
EDUCATION	NAME AND LOCATION OF S	CHOOL	DID YOU GRADUATE?	DIPLOMA/ DEGREE OR CREDIT HOURS		
High School			□ Yes □ No			
College/Univ.			□ Yes □ No			
College/Univ.			□ Yes □ No			
Trade/Business School			□ Yes □ No			
				1		
ADDITIONAL EXPERIENCE						
Are there any other experience	es, skills or qualifications which you feel v	vould qualify you for v	work with the City	of Chardon?		

MILITARY EXPERIENCE				
Branch:		From:	To:	
Rank at Discharge:		Type of Discharge:		
If other than honorable, please				
PREVIOUS EMPLOYMENT	_			
Company:		Ph	one: ()	
Employed from:	to	Supervisor:		
Address:				
Job Title:	o Title:		Starting Salary: Ending Salary:	
Reason for leaving:				
May we contact your previous	•	Yes □ No		
Company:		Pt		
Employed from:	nployed from: to to Supervisor:			
Address:				
Job Title:		Starting Salary:		
Reason for leaving:				
May we contact your previous	supervisor for a reference? □	Yes □ No		
Company:		Phone: ()		
Employed from:	to	tosupervisor:		
Address:				
Job Title:		Starting Salary: Ending Salary:		
Reason for leaving:				
May we contact your previous	supervisor for a reference? □	Yes □ No		
REFERENCES				
NAME	ADDRESS	PHONE NUMBER	BUISNESS	YEARS KNOWN
		( )	( )	

## DISCLAIMER AND SIGNATURE

I certify that all the information in this application is true and complete. I acknowledge that if any false information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated.

In consideration of my employment, I agree to conform to the City of Chardon's rules and regulations. I agree that my employment and compensation can be terminated with or without cause, with or without notice and at any time by the City of Chardon. I acknowledge and agree that the terms and conditions of my employment may be changed with or without cause and with and without notice at any time by the City of Chardon. I understand that only the City Manager has the authority to enter into any agreement for employment in writing, for any specific period of time, or to agree to terms and conditions contrary to the foregoing.

Signature:	Date:
In case of an emergency, notify:	Phone:
CITY OF CHARDON APPLICANT	RELEASE FORM
Are any of your relatives currently a City employee or serving on a City Board or	Commission? ☐ Yes ☐ No
If yes, please name:	
I,, currently residing at	
have applied for employment with the City of Chardon. I have been advised and a Chardon will be conducting a thorough investigation of my background to assist i realize that, in conducting this background investigation, officers will be making i I have attended; police or courts with whom I may have an arrest or conviction reinformation regarding my credit record and/or financial standing/ present and prevable to provide information about me.	n determining my suitability for this position. I inquiries of, and requesting records from schools that cord; credit bureaus and/or firms that may have
I hereby consent to this investigation and waive all privilege and confidentiality the police agency, credit bureau, employer, firm or person, from disclosing any record requested or desired by the City of Chardon. I further consent to the Chardon City copy of any such record concerning me.	ds or information they have concerning me which is
I recognize the right of the City of Chardon to treat, at its discretion, certain source or my agent the names of such confidential sources and information obtained them.	
Signature of Applicant Date	

It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.