## City of Barberton Employment Application

The City of Barberton is an Equal Opportunity Employer and does not discriminate on the basis of race, color, creed, national origin, ancestry, religion, age, citizenship, sex, marital status, veteran status, disability, handicap, sexual orientation, or any other basis prohibited by law. The City of Barberton also makes reasonable accommodations for qualified individuals with disabilities, in accordance with the Americans with Disabilities Act and applicable state laws.

PERSONAL INFORMATION					
Last Name	First Name	Middle Initial			
Current Street Address	City, State	Zip			
Telephone Number	Email Address				
Position(s) Desired	Today's Date				
Social Security Number:	<u>Driver License No.</u>				

EMPLOYMENT HISTORY					
Employer		City, State			
<u>Title</u>		Telephone Number			
Dates of Employment	Beginning Pay	Final Pay			
<u>Description of Duties</u>					
Reason for Leaving					
Employer		City, State			
<u>Title</u>		Telephone Number			
Dates of Employment	Beginning Pay	Final Pay			
Description of Duties					
Reason for Leaving					
Employer		City, State			
<u>Title</u>		Telephone Number			
Dates of Employment	Beginning Pay	Final Pay			
Description of Duties					
Reason for Leaving					

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If necessary, please list additional employment history on a separate sheet and attach.

EDUCATION							
High School Name	City, State	<u>Graduate</u>	No. of Years				
		$Y \square N \square$	Completed				
College/University	City, State		No. of Years	Degree Awarded/			
			Completed	<u>Major</u>			
		$Y \square N \square$					
Graduate, Business, or	City, State	Graduate	No. of Years	Degree Awarded/			
<u>Other</u>			Completed	<u>Major</u>			
		Y □ N□					
Professional Licenses or D	esignations	Held or Pursuing	-				
Language Proficiencies							
Relevant skills and knowle	dae						
	<del></del>						
		REFERENC	ES				
Name		Relationship	Years Known	Telephone Number			
			<b>–</b>				
Are you at least 18 years o			No tion papers? □ Ye:	s 🗌 No			
If not, will you be able to obtain the necessary authorization papers?   Yes   No							
Are you authorized to work in the United States?   Yes   No							
Have you ever been fired or involuntarily discharged from employment?   Yes   No							
. a.c. year a.c. 2001 med at investmenty discharged from oniploymone.							
How did you learn of this position?							
I certify that the facts set forth in this application are true, accurate, and complete to the best of my							
knowledge. I authorize the investigation of all statements and information contained in this							
application. I release from all liability anyone supplying such information and I also release the							
employer from all liability that might result from such investigation. I understand that the falsification, misrepresentation, or deliberate omission of facts on this application, resume, or other accompanying							
documents will be cause for denial of employment or immediate termination of employment. I							
understand that a conditional job offer is subject to a criminal background check. I authorize the use of							
this information to conduct a criminal background check and investigation prior to employment.							
Applicant Signature	Applicant Signature Date						

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