



RETURN SIGNED APPLICATION TO:
 Attn: Public Service & Safety Dept.
 City of Cambridge – Municipal Complex
 814 Wheeling Avenue, 2nd Floor
 Cambridge, OH 43725

EMPLOYMENT APPLICATION

We are an Equal Opportunity Employer

Personal Information:

Last Name:	First Name:	M. I.	Social Security Number: ____/____/____	
Street Address:		City:	St:	Zip:
Cell Phone:	Home Phone:	Are you 18 years or older: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of visa or immigration status? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, briefly explain:				

SEASONAL PERMANENT

Employment Desired:

Department AND Title Desired:		Date you can start:	Salary desired:
Referred to us by:	List your relatives/friends who work for the City:		
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, may we contact your current employer? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain:		
Ever applied to the City before? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, which title/department did you apply for and please provide dates:		

Educational Background:

Institution Type	Name & Location of Institution	# of Yrs Attended	Did You Graduate?	Subjects Studied?
High School				
College				
Trade or Vocational				
Other				

Military Background:

Branch of Service	Rank	Reserves / National Guard?
		Current Member? <input type="checkbox"/> Yes <input type="checkbox"/> No

Emergency Contact:

Last Name	First Name	Address	Phone

Employment Background: (List last four employers, beginning with last employer first.)

Date Month & Yr		Name & Address of Employers	Salary		Position	Reason for Leaving
Start			Start	\$		
End			End	\$		
Start			Start	\$		
End			End	\$		
Start			Start	\$		
End			End	\$		
Start			Start	\$		
End			End	\$		

Which of these jobs did you like best & why?

What equipment are you qualified to operate?

Professional References: (Give names of three persons not related to you.)

Last Name	First Name	Title	Company	Phone

"I certify that all the information provided herein is true and complete. I understand that, if employed, falsified statements on this Employment Application form will be considered grounds for termination. I authorize the City of Cambridge, Ohio, to thoroughly investigate my work experience and any other matters related to my suitability for employment. I further authorize my former employers to disclose to the City of Cambridge, Ohio, information they may have concerning my previous employment. In addition, I hereby release the City of Cambridge, Ohio, former employers, and all other persons from any and all claims, demands, or liabilities arising out of, or in any way related to, such disclosure."

Applicant's Signature

Date

For Office Use Only:

Interviewed by:			Date:
Remarks:			
Hired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Position:	Dept:	Start Date:
Approved by:			Salary/Wage: