City of Oberlin
85 South Main Street
Oberlin, Ohio 44074
(P): (440) 775-1531
(F): (440) 776-4840
(E): HR@CityofOberlin.com

EMPLOYMENT APPLICATION

The City of Oberlin is an Equal Employment Opportunity Employer and a Drug-Free Workplace.

Instructions:

Please print in ink and provide complete information as requested in this application.
Application fields with an * indicate a REQUIRED field.

You may attach a résumé, CV or additional documents as supplemental documents to the application form. Please note, however, that applicants will not be considered for any position without a completed Employment Application form. If you are in need of assistance or accommodation in filling out this application, please contact the Human Resources Department at **440-775-7205**.

Applicant Information:

Position Applied for: *		
First Name: *	**Middle Initial:**	**Last Name: ***
Street Address: *		
City: *	**State: ***	**Zip: ***
Primary Phone: *	**Alternate Phone:**	
Email Address: *		

Personal Information:

Are you age 18 or over? *	☐ **Yes** ☐ **No**
Are you legally eligible for employment in the United States? *	☐ **Yes** ☐ **No**
Do you currently possess a valid driver's license? *	☐ **Yes** ☐ **No**
If yes, indicate the state where the license was issued:	
Are you related to any current City of Oberlin employee or elected official? *	☐ **Yes** ☐ **No**
If yes, indicate the name(s) and relationship to you:	
Have you ever been previously employed at the City of Oberlin? *	☐ **Yes** ☐ **No**
If yes, when?	**In what position?**

Education:

School Type: * ☐ High School ☐ Undergraduate Studies ☐ Graduate Studies ☐ Technical School ☐ Other:		
School Name: *		
City: *	State: *	Country: *
Degree: *	Major/Minor:	
Start Date (M/Y):	End Date (M/Y):	Did you graduate? * ☐ Yes ☐ No

School Type: ☐ High School ☐ Undergraduate Studies ☐ Graduate Studies ☐ Technical School ☐ Other:		
School Name:		
City:	State:	Country:
Degree:	Major/Minor:	
Start Date (M/Y):	End Date (M/Y):	Did you graduate? ☐ Yes ☐ No

School Type: ☐ High School ☐ Undergraduate Studies ☐ Graduate Studies ☐ Technical School ☐ Other:		
School Name:		
City:	State:	Country:
Degree:	Major/Minor:	
Start Date (M/Y):	End Date (M/Y):	Did you graduate? ☐ Yes ☐ No

Licenses/Certificates:

Please list any licenses/certifications obtained that are related to the position applied for:

Employment Experience: *Please begin with your present or most recent employer and provide all information requested. Please do not write, "see resume" in any field.*

Employer: *			
Address:			
City: *	**State:** *	**Zip:**	**Country:**
Phone:	**May we contact employer?** ☐ **Yes** ☐ **No**		
Position Title: *		**Monthly Salary:**	
Start Date (M/Y): *	**End Date (M/Y):** *	**Reason for Leaving:** *	
Supervisor Name:		**Supervisor Title:**	
Employees Supervised: ☐ **Yes** ☐ **No**			
Duties Summary: *			

Employer:			
Address:			
City:	**State:**	**Zip:**	**Country:**
Phone:	**May we contact employer?** ☐ **Yes** ☐ **No**		
Position Title:		**Monthly Salary:**	
Start Date (M/Y):	**End Date (M/Y):**	**Reason for Leaving:**	
Supervisor Name:		**Supervisor Title:**	
Employees Supervised: ☐ **Yes** ☐ **No**			
Duties Summary:			

Employer:			
Address:			
City:	**State:**	**Zip:**	**Country:**
Phone:	**May we contact employer?** ☐ **Yes** ☐ **No**		
Position Title:		**Monthly Salary:**	
Start Date (M/Y):	**End Date (M/Y):**	**Reason for Leaving:**	
Supervisor Name:		**Supervisor Title:**	
Employees Supervised: ☐ **Yes** ☐ **No**			
Duties Summary:			

Employer:			
Address:			
City:	**State:**	**Zip:**	**Country:**
Phone:	**May we contact employer?** ☐ **Yes** ☐ **No**		
Position Title:		**Monthly Salary:**	
Start Date (M/Y):	**End Date (M/Y):**	**Reason for Leaving:**	
Supervisor Name:		**Supervisor Title:**	
Employees Supervised: ☐ **Yes** ☐ **No**			
Duties Summary:			

References: *Please list three references that are familiar with your work history and experience. Do not list relatives, friends, or personal references.*

Name: *	**Title:** *
Relationship to You: *	**Years Known:** *
Phone: *	

Name: *	**Title:** *
Relationship to You: *	**Years Known:** *
Phone: *	

Name: *	**Title:** *
Relationship to You: *	**Years Known:** *
Phone: *	

Certification and Acknowledgement:

By submitting this application, I certify that the responses given herein are true, accurate and complete to the best of my knowledge. I understand and agree that any false statements, misrepresentations or omissions of fact contained in this application (or any accompanying or required documents) may cause the rejection of this application or termination of employment without notice or benefits, regardless of how or when discovered.

I also acknowledge that the information provided in this application may constitute a public record and will be treated as such according to Ohio Public Records law.

_____

Printed Name

_____ _____

Applicant Signature Date

Please submit the completed employment application and any supplemental documents to:

City of Oberlin Human Resources Department
69 South Main Street
Oberlin, OH 44074

If there are any questions or concerns regarding this employment application, please contact the Human Resources Department at **440-775-7205**.

Equal Employment Opportunity Survey

The data below is requested to ensure compliance with federal Equal Employment Opportunity regulation requirements.

Responses are completely voluntary. Any information gathered will be kept strictly confidential and will in no way influence employment prospects.

Position Applied for:		
First Name:	**Middle Initial:**	**Last Name:**

Please indicate your gender identity:	☐ **Male** ☐ **Female**
Please indicate your race/ethnicity:	☐ **Black (Non-Hispanic/Latino)** ☐ **White (Non-Hispanic/Latino)** ☐ **Hispanic/Latino** ☐ **Asian (Non-Hispanic/Latino)** ☐ **Native Hawaiian/Other Pacific Islander** ☐ **American Indian/Alaska Native (Non-Hispanic/Latino)** ☐ **Two or More Races/Ethnicities**
Do you have a physical or mental disability?	☐ **Yes** ☐ **No**
Please indicate the highest level of education that you have completed:	☐ **Some High School** ☐ **High School/GED** ☐ **Some College** ☐ **Trade School/Certification** ☐ **Associate's Degree** ☐ **Bachelor's Degree** ☐ **Master's Degree**
Please indicate where you learned of this job posting:	☐ **Internet** ☐ **City Website** ☐ **City Social Media** ☐ **Newspaper** ☐ **College/School Employment/Guidance Office** ☐ **Professional/Trade Organization** ☐ **Church** ☐ **Word of Mouth** ☐ **From a Current/Past Employee** ☐ **I Am a Current Employee**
Please indicate the City, Village or Township where you reside:	

Thank you for your response.