



City of Tipp City  
260 S. Garber Drive  
Tipp City, OH 45371

# EMPLOYMENT APPLICATION

*An equal opportunity employer. The City of Tipp City does not discriminate on the basis of race, color, religion, gender, national origin, age, marital or veteran status, or disability.*

## PERSONAL

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Telephone \_\_\_\_\_ Social Security Number \_\_\_\_\_  
(Home Phone) (Cell Phone)

Driver's License Number \_\_\_\_\_ State \_\_\_\_\_ Expiration Date \_\_\_\_\_

Have you ever been convicted of a felony?  Yes  No Explain Felony \_\_\_\_\_

Are you a citizen of the United States?  Yes  No \_\_\_\_\_

## JOB INTERESTS/SKILLS

Position(s) applied for \_\_\_\_\_ Salary Desired \_\_\_\_\_

Have you ever applied for a position here before?  Yes  No If yes, when? \_\_\_\_\_

Type of employment requested  Full Time  Part Time  Temporary  Seasonal

Date you could begin working \_\_\_\_\_

Summarize any special skills or qualifications you possess for this position

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## EDUCATION

TYPE OF SCHOOL	NAME AND LOCATION	COURSE OF STUDY	# OF YEARS	GRADE AVERAGE	DEGREE, DIPLOMA, CERTIFICATE AND HONORS RECEIVED
HIGH SCHOOL					
COLLEGE OR UNIVERSITY					
OTHER EDUCATION					
OTHER EDUCATION					

**EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)**

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Name of Employer \_\_\_\_\_

Address \_\_\_\_\_  
(Street) (City) (State) (Zip Code)

Supervisor and Title \_\_\_\_\_ Your Title \_\_\_\_\_

Employed From \_\_\_\_\_ to \_\_\_\_\_ Starting Salary \_\_\_\_\_ Ending Salary \_\_\_\_\_

Work Performed \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Reason for leaving \_\_\_\_\_

**REFERENCES**

<i>Name</i>	<i>Relationship</i>	<i>Home Phone</i>	<i>Daytime Phone</i>

**ACKNOWLEDGEMENT**

I certify that the answers given by me in this application are correct to the best of my knowledge. I understand that any falsification of this application, whether willingly or accidental, is grounds for disqualification of employment consideration, or dismissal from employment if I am hired. I authorize the City of Tipp City to contact any and all of the references I have listed above to obtain previous employment information or any other pertinent information that they may have. Further, I release the above mentioned references from any and all liability for any damages that may result from information collected by the City of Tipp City. Verification of eligibility to work in the United States must be satisfied for an offer to be made.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_