

Municipal Civil Service Commission APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer

City of Mount Vernon 40 Public Square Mount Vernon, Ohio 43050

Have you ever applied and/or worked for the City before?	Position Applying Fo	or:			Department:			Date):	
Polica/Fire Applicants Address: Number and Street City State Zip Code	Last Name:	I		First Name:			Middle	e Name:	l	
Other name(s) under which you are known: Cell Phone Number: Cell Phone Number: Are you currently employed?				• • • • • • • • • • • • • • • • • • •						
Are you currently employed?	Address:		Number and Street	:	City			State		Zip Code
May we contact your present employer?	Other name(s) unde	r which you are	known:	1		Cell Phone Numb	per:		l.	
Are you legally eligible for employment in the United States?	May we contact yo	our present e	employer?					□ Ye	s 🗆 No)
Have you ever applied and/or worked for the City before?	-									
If yes, with whom? when?		•	•							
Why did you leave? Is there anything to prevent you from being at work on time?				-						
If yes, explain:	Why did you leave	?								
Are you able to perform the required duties of this position with or without accommodation?		-	_					□ Ye	s □ No	
If no, explain	•									
Do you have any relatives currently employed here?			•	•				⊔ Ye	s ⊔ No	
EDUCATION SCHOOLS: NAME OF SCHOOL / ADDRESS: MAJOR / SUBJECTS STUDIED: DIPLOMA / DEGREE: GRADUAT High School/GED: GRADUAT College: GRADUAT Trade, Business or Correspondence: Graduat Other: Graduat Trade, Business or Correspondence: Graduat Trade, Business or Graduat Trade, Business								□ Ye:	 s □ No	
SCHOOLS: NAME OF SCHOOL / ADDRESS: MAJOR / SUBJECTS STUDIED: DIPLOMA / DEGREE: GRADUAT High School/GED:										
High School/GED:				ED	UCATION					
College:	SCHOOLS:	NAME OF SCHO	OL / ADDRESS:		MAJOR / SUE	JECTS STUDIED:	С	DIPLOMA / DE	EGREE:	GRADUATE
Trade, Business or Correspondence: Other: Are you currently attending school? \(\text{Yes} \) \(\text{No} \) \(\text{Part-Time} \) \(\text{If so, what courses?} \)	High School/GED:									
Correspondence: Other: Other: Are you currently attending school? Yes No Part-Time If so, what courses?	College:									
Are you currently attending school? ☐ Yes ☐ No ☐ Part-Time If so, what courses?	,									
	Other:									
	Are you currently att	ending school?	'□ Yes □ No	⊃ □ Part-Time	If so, what co	urses?				
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MILITARY

Have you ever been in the <i>active</i> U.S. Armed Services?□ Yes □ No If yes, which branch? Dates												
Discharged? □ Yes □ No Are you applying for military credit?												
If yes, please file a copy of your discharge/release with this application. Are you or have you ever been in the U.S. Reserves? Yes No If yes, which branch? Dates: Dates: (Reserve Duty is not eligible for military credit)												
(. see												
EMPLOYMENT HISTORY												
NAME & ADDRESS OF COMPANY AND TYPE OF BUSINESS:	FROM (MO-YR)	TO (MO-YR)	TITLE AND RESPONSIBILITIES:	REASON FOR LEAVING:	NAME, TITLE & PHONE # OF YOUR CURRENT/PREVIOUS SUPERVISOR							
		A	PPLICANT'S STATE	MENT								
Please read carefully before sign	gning.											
I certify that the facts contained in this application are true and complete to the best of my knowledge. Should the City of Mount Vernon employ me, any false or misleading information on my application or related papers or during any oral interviews will result in my employment being immediately terminated.												
I authorize investigation of all statements contained in this application and the references and employers listed above to give you all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to arrive at an employment decision. I hereby release The City of Mount Vernon, any former employer and any third party from any liability whatsoever that may be imposed as a result of the release of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.												
					on to furnish any information related person giving or receiving any such							
I understand that I am required to	abide by all	rules and r	egulations of the City of Moun	t Vernon. I have read, u	nderstand, and agree to the above.							
Signature of Applicant:				Date: _								

The City of Mount Vernon provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state, or local laws.

This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation, and training.