

# CITY OF FRANKLIN

AN EQUAL OPPORTUNITY EMPLOYER

APPLICATION FOR EMPLOYMENT

FORM A  
PAGE 1

Instructions: Please complete this form completely and accurately. Please use a pen and print clearly.

## SECTION I – PERSONAL INFORMATION

Name: \_\_\_\_\_  
Last First MI Social Security #  
Street Address City State County Zip Code  
Home Telephone # Work Telephone #

Are you at least eighteen (18) years of age?  Yes  No

Are you prevented from lawfully becoming employed by this County because of VISA or Immigration Status?  Yes  No

Proof of citizenship or immigration status will be required upon employment.

Best time to contact you by phone at: Home \_\_\_\_\_ Work \_\_\_\_\_

## SECTION II – WORK REFERENCES

Position(s) applied for \_\_\_\_\_ Date of Application \_\_\_\_\_

Are you applying for:  Full-time work  Part-time work  No Preference

Are you interested in:

Permanent Work  Intermittent Work  Temporary Work  
 Seasonal Work  No Preference  Volunteer

Are you currently on “lay-off” status and subject to recall?  Yes  No

Minimum salary expectation: \_\_\_\_\_ Date available to start: \_\_\_\_\_

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Employment History (In chronological order beginning with the most recent):

<p>1.</p> <p>_____ Employer's Name</p> <p>_____ Street Address/City/State/Zip</p> <p>_____ Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: _____ Month/Year</p> <p>To: _____ Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary:</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc. for position(s) held:</p> <p>_____</p> <p>_____</p>		
<p>Describe your reason(s) for leaving:</p> <p>_____</p> <p>_____</p>		

<p>2.</p> <p>_____ Employer's Name</p> <p>_____ Street Address/City/State/Zip</p> <p>_____ Supervisor's Name</p>	<p>Dates Employed:</p> <p>From: _____ Month/Year</p> <p>To: _____ Month/Year</p>	<p>Your Job Title:</p> <p>Beginning: _____</p> <p>End: _____</p> <p>Your Salary:</p> <p>Beginning: _____</p> <p>End: _____</p>
<p>Describe your duties, responsibilities, equipment operated, etc. for position(s) held:</p> <p>_____</p> <p>_____</p>		
<p>Describe your reason(s) for leaving:</p> <p>_____</p> <p>_____</p>		

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3.	Dates Employed:	Your Job Title:
Employer's Name	From: _____ Month/Year	Beginning: _____
Street Address/City/State/Zip	To: _____ Month/Year	End: _____
Supervisor's Name		Your Salary:
		Beginning: _____
		End: _____
Describe your duties, responsibilities, equipment operated, etc. for position(s) held:		
_____		
_____		
Describe your reason(s) for leaving:		
_____		

4.	Dates Employed:	Your Job Title:
Employer's Name	From: _____ Month/Year	Beginning: _____
Street Address/City/State/Zip	To: _____ Month/Year	End: _____
Supervisor's Name		Your Salary:
		Beginning: _____
		End: _____
Describe your duties, responsibilities, equipment operated, etc. for position(s) held:		
_____		
_____		
Describe your reason(s) for leaving:		
_____		

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## SECTION III – EDUCATION AND TRAINING

	Formal Education	College	Technical School
School Name and Location			
Years Completed	1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 Above	1 2 3 4 Above
Diploma/Degree/Major			
Other School(s) attended:			
Please describe the courses you took, technical training you received, or skills you have attained which you feel would help you perform the job for which you are applying (e.g. special machines or equipment you operate, hobbies or volunteer work projects which have taught you qualifying skills, etc):			

## SECTION IV – MISCELLANEOUS

(The following information will be used only if it is directly related to the classification/position for which you are applying.)

Have you ever been employed in the state, county, or city service in the State of Ohio?

Yes

No

If you answered “yes”, where? \_\_\_\_\_

Have you any job-related training in the U.S. Military?

Yes

No

If you answered “yes”, what kind of training? \_\_\_\_\_

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Have you ever been convicted of a felony?  Yes  No

Have you ever been convicted of a misdemeanor, higher than a minor misdemeanor?  Yes  No

If you answered "yes", please explain the charge, what year and what court:

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Have you ever filed an application here before?  Yes  No

Have you ever been employed here before?  Yes  No

References: (Please give the name, address, and phone number of three references not related to you who would know of your skills for this position):

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

\_\_\_\_\_  
Name Address Phone

I hereby declare that the information provided by me in this application for employment is true, correct and complete to the best of my knowledge. I understand that, if employed, any misstatement or omission of fact on this application shall be considered cause for dismissal.

I authorize you to obtain information through contacts with my former employers and references listed above.

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

\_\_\_\_\_  
Date



## EQUAL EMPLOYMENT OPPORTUNITY DATA FORM

The City of Franklin is an Equal Opportunity Employer. To comply with federal laws, executive orders, and applicable state law and regulations, the information requested below allows the City to monitor and enhance its equal employment opportunity practices. The City does not ask for, nor want, the applicant's name, on this form and the requested information will not affect your application for employment. Completion of this form is **voluntary**; failure to return it will **not** affect your application for employment.

Please check the appropriate box and supply any additional information that is applicable.

1. Position applying for: \_\_\_\_\_
2. Date of application: \_\_\_\_\_
3. Type of work desire: Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ Either \_\_\_\_\_
4. Age: \_\_\_\_\_
5. Sex:           ( ) Male                   ( ) Female
6. Racial or Ethnic Origin:  
    ( ) Black                   ( ) White                   ( ) Hispanic  
    ( ) American Indian or Alaskan Native  
    ( ) Asian or Pacific Islanders  
    ( ) Other: \_\_\_\_\_
7. Marital Status: ( ) Single                   ( ) Married                   ( ) Divorced  
                    ( ) Separated               ( ) Widowed
8. Physical Disability:                   ( ) Yes                   ( ) No  
If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_
9. How did you hear about this position?  
    ( ) Friend                   ( ) Newspaper               ( ) Internet  
    ( ) School                   ( ) Relative               ( ) City Employee  
    ( ) Walk-in               ( ) Other \_\_\_\_\_

**PLEASE DO NOT PLACE YOUR NAME ON THIS FORM**