



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 _____

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 _____