

# Employment Application

The Town of Lima is an equal opportunity employer. All candidates for employment are reviewed without regard to race, religion, color, age, sex, national origin, citizenship, marital status, veteran status, disability, or any other classification protected by law. Consistent with the provisions of the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

**Personal Information**

Name (First, MI, Last) \_\_\_\_\_ Date \_\_\_\_\_

Address Apt. # \_\_\_\_\_  
 \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ E-mail \_\_\_\_\_

**General Information:**

Have you been convicted of any felonies other than minor traffic violations during the past seven years? (A criminal record or a conviction will not automatically bar employment, but will be considered only as it reasonably relates to your fitness to perform in the position for which you are applying.)  NO  YES

If yes, explain \_\_\_\_\_

**Education & Training**

Circle last grade completed - Grade 1 2 3 4 5 6 7 8 9 10 11 12 College 1 2 3 4 Masters \_\_\_\_ Doctorate \_\_\_\_

Name & Address of School	Major Course Studied	Graduated or Degree (Y or N)	Average Grade
Last High School Attended/Address:			
College or University/Address			
College or University/Address Other School (Technical, Vocational, Graduate, etc.) /Address			

List any scholarships, academic honors, awards or special achievements:

**Skills**

Please list any skills you have that are appropriate for the position you are applying for:

\_\_\_\_\_

\_\_\_\_\_

If required, will you work? Rotating shifts  YES  NO Saturdays  YES  NO Sundays  YES  NO  
 Overtime  YES  NO

Position applying for, be specific: \_\_\_\_\_ Salary Requirements \$ \_\_\_\_\_  per hour  per month

Date you can start \_\_\_/\_\_\_/\_\_\_

State fully why you believe you are qualified for this position

\_\_\_\_\_

\_\_\_\_\_

**Employment History**

Starting with your PRESENT or MOST RECENT EMPLOYER, list all employment for at least the past **FOUR** employers in consecutive order.

If currently employed, may we contact your employer?  YES  NO

Full Name Of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

Full Name Of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address City State Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

**Employment History (Continued)**

Full Name Of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address                      City                      State                      Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

Full Name Of Company	Salary Begin/End	Employment From/To (Mo/Yr to Mo/Yr)
(Area Code) Telephone		
Street Address                      City                      State                      Zip	Reason for Leaving:	
Name & Title of Supervisor		
Title of your Position		
List jobs held, duties performed, skills used and promotions while employed at this company:		

**Business References**

Name	Title
Company	Address
City	State    Zip
Relationship	Phone

Name	Title
Company	Address
City	State    Zip
Relationship	Phone

Name	Title
Company	Address
City	State    Zip
Relationship	Phone

**Applicant Affidavit**

1. I certify that all statements given by me on this application, on my resume or other supplementary material are true and correct without omission. I understand that falsification or omission of any information required by this form is sufficient grounds for immediate disqualification of candidacy or termination of my employment by the Town of Lima. I authorize the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

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**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE STATEMENTS.**

I certify that I have read, fully understand and accept all terms of the above statements.

\_\_\_\_\_ Date \_\_\_\_\_