

APPLICATION FOR EMPLOYMENT

City of Wyoming
800 Oak Avenue
Wyoming, OH 45215
(513) 821-7600

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Please print clearly or type

Position(s) Applied For:		Date of Application:
How Did You Learn About Us? Advertisement____ Relative____ Inquiry____ Employment Agency____ Friend____ Other_____		

Last Name	First Name	Middle Name	
Address		City	State Zip
Telephone Number(s):	Home	Work	Cell/Beeper/Other
E-mail Address:			

Have you ever been employed with us before? Yes No
If Yes, give date:_____

Are you currently employed? Yes No

Are you legally eligible for employment in the United States? (*Any offer of employment is conditional on satisfactory proof that you are legally authorized to work in the United States, as required by the Immigration Reform and Control Act of 1986.*) Yes No

Date available for work:_____

Are you available to work: Full Time Part-Time Temporary/Seasonal

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

Other than minor traffic violations, have you ever been convicted of a crime? Yes No

(A conviction record will not necessarily disqualify an applicant from employment. Factors such as age and time of the offense, seriousness and nature of the violation and rehabilitation will be taken into account.)

If yes, please explain: _____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any self-employment, summer and part-time jobs.
If you need more space, continue on a separate sheet.

Company Name, Address & Type of Business	From		To		Starting Salary	Final Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Your Title:				Name/Title of Supervisor:		
	Describe the work you did:						
Telephone:							
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name, Address & Type of Business	From		To		Starting Salary	Final Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Your Title:				Name/Title of Supervisor:		
	Describe the work you did:						
Telephone:							
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

Company Name, Address & Type of Business	From		To		Starti ng Salary	Final Salary	Reason for Leaving
	Mo.	Yr.	Mo.	Yr.			
	Your Title:				Name/Title of Supervisor:		
	Describe the work you did:						
Telephone:							
May we contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No						

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Degree, Diploma or Certificate Earned
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

OTHER QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from employment or other experience.

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with the City of Wyoming

REFERENCES

Provide the following information for three individuals who are not related to you and who are not previous employers or supervisors.

Name & Occupation	Address	Phone Number	Years Known

APPLICANT'S STATEMENT

The information provided in the Application for Employment is true and complete. The City of Wyoming may terminate my employment for any false or misleading statements or omissions in this application or during the interview and hiring process, whenever they may be discovered.

I have read and understand the attached acknowledgements, authorizations, and disclosures. I understand that this application will be active for a period of 90 days; after that time, if I wish to be considered for employment, I must submit a new application.

If I receive an offer of employment, I authorize a medical examination by an examiner selected by the City of Wyoming, and will authorize the disclosure of and make available to the City of Wyoming all medical and/or psychiatric treatment and/or consultations, including records held by any hospital, clinic, private practitioner, or the United States Veteran's Administration. I understand that any offer of employment may be contingent upon such medical examination.

If I receive an offer of employment, I authorize the administration of a drug and alcohol screen by an examiner chosen by the City of Wyoming. I further understand that any job offer is contingent upon passing the drug and alcohol test.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, with or without notice, by either me or the City of Wyoming. I understand that this cannot be changed except in a writing signed by the City Manager of the City of Wyoming that states it is intended to make that change. Anything said or implied to the contrary is not binding on the City of Wyoming.

I understand that, if hired, I may be required to work varied hours, overtime, weekends, and holidays to meet staffing requirements. I agree that, if hired, I will be required to abide by all rules, regulations, and policies of the City of Wyoming.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Interviewer(s): _____ Date: _____

Employed: Yes No Date of Employment: _____

Job Title: _____

Hourly Rate/Salary: _____

Department: _____

Approved By: _____ Date: _____

Release Disclosure, Acknowledgment, and Authorization to Contact Employers and for the Release of Information

In processing your application for employment and/or evaluating you for hire, promotion, continuation or retention in employment, or other employment-related purposes, the City of Wyoming may obtain information about you from a prior or current employer. By signing this notice you are acknowledging receipt and review of this disclosure.

By signing this notice you are also authorizing the City of Wyoming or its affiliates or agents to obtain information or opinions about you, from prior or current employers or anyone else, at any time prior to or during your employment with the City of Wyoming or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment-related purposes.

Therefore, I, _____, authorize _____ to disclose fully all records or other information concerning me to, and allow for the review of such records and information by, an agent of the City of Wyoming, Ohio, including a representative of the City of Wyoming Police Department, whether such records or information are of a public, private, and/or confidential nature.

The intent of this authorization is to give full and complete disclosure of records and information concerning me, including, but not limited to, that are held by: educational institutions; financial institutions, credit institutions or credit agencies, including records of deposits, withdrawals, and balances of checking and saving accounts and loans; commercial retail agencies, including credit reports and/or credit ratings; public utility companies; employers, prospective employers, and former employers, including the results of any background investigation or report, efficiency ratings and/or performance evaluations, records of complaints and/or grievances filed by or against me, and salary records; governmental entities, including records of any complaint, arrest, trial and/or convictions for alleged or actual violations of law, criminal and/or traffic offense records, and records of civil claims made by or against me; and any others in an business relationship with me.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation, which may provide pertinent data for the CITY OF WYOMING POLICE DEPARTMENT or other agent of the City of Wyoming to consider in determining my suitability for employment by the City.

I AGREE TO IDEMNIFY AND HOLD HARMLESS the person(s) to whom this Disclosure, Acknowledgment, and Authorization to Contact Employers and for the Release of Information is presented and his/her agents and employees, from and against all claims, damages, losses and expenses, including reasonable attorney’s fees, arising out of, or by reason(s) for complying with the request for information.

I agree that a facsimile copy of the original of this form will be valid as an original hereof.

Driver’s License #: _____ (State: _____)

Date of Birth: _____

Social Security #: _____

Signature of Applicant

Date

Witness

Note to Employers About Important Legal Protections

Ohio law protects employers from liability when they respond to another employer’s request for reference information, as long as the employer is truthful, or has tried to be truthful. Ohio Revised Code section 4113.71 says, in part:

“An employer who is requested by an employee or a prospective employer of an employee to disclose to a prospective employer of that employee information pertaining to the job performance of that employee for the employer and who discloses the requested information to the prospective employer is not liable in damages in a civil action to that employee, the prospective employer, or any other person for any harm sustained as a proximate result of making the disclosure or of any information disclosed, unless the plaintiff in a civil action establishes, either or both of the following: (1) By a preponderance of the evidence that the employer disclosed particular information with the knowledge that it was false, with the deliberate intent to mislead the prospective employer or another person, in bad faith, or with malicious purpose; (2) By a preponderance of the evidence that the disclosure of particular information by the employer constitutes an unlawful discriminatory practice described in *section 4112.02, 4112.021 [4112.02.1], or 4112.022 [4112.02.2] of the Revised Code.*”

**Notice and Acknowledgment of Mandatory Background
Criminal Record Investigation**

Wyoming conducts an investigation into the existence and content of the criminal record of applicants for employment for certain positions, through the Ohio Bureau of Criminal Identification and Investigation, the Federal Bureau of Investigation, or other appropriate entity.

By signing this notice, you acknowledge that, as a condition of any employment or offer of employment with Wyoming, you must submit to a criminal background investigation by providing fingerprint impressions and complying with other requests for information reasonably related to conducting that investigation.

By signing this notice, you also acknowledge that any offer of employment or the continuation of employment is conditioned on your satisfactory completion of the criminal record investigation, and on Wyoming's receipt of results that establish that you have not been convicted, pleaded guilty, or pleaded no contest to any disqualifying offense.

Driver's License #: _____ (State: _____)

Date of Birth: _____

Social Security #: _____

Signature of Applicant

Date

Witness

Disclosure of Rights under the Fair Credit Reporting Act and Authorization to Obtain Credit or Consumer Information

In processing your application for employment and/or in evaluating you for hire, promotion, continuation or retention in employment, or other employment related purposes, the City of Wyoming may seek credit and/or consumer information about you from a credit reporting agency (CRA) or other sources. This may include Wyoming or its affiliates or agents requesting information about your character, general reputation, personal characteristics or mode of living, obtained through personal interviews with neighbors, friends, associates or acquaintances. A report containing such information is defined by the Federal Trade Commission as an "investigative consumer report."

The Fair Credit Reporting Act provides you with certain rights whenever an employer or other entity seeks credit or consumer information about you, including information contained in an "investigative consumer report." The following notice, which is copied from a form developed by the Federal Trade Commission, provides a summary of your rights under the Fair Credit Reporting Act.

By signing this notice you are acknowledging receipt and review of this disclosure and the attached summary of your rights under the Fair Credit Reporting Act.

By signing this notice you are also authorizing Wyoming or its affiliates or agents to obtain credit or consumer information about you, including an investigative consumer report, at any time prior to or during your employment with Wyoming or its affiliates or agents for purposes of evaluating you for hire, promotion, continuation or retention in employment or any other permissible employment related purposes.

Applicant's Signature

Date

A SUMMARY OF YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every Consumer Reporting Agency (CRA). Most CRA's are credit bureaus that gather and sell information about you - such as if you pay your bills on time and or have filed bankruptcy - to creditors, employers, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. §§1681-1681u, at the Federal Trade Commission's web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may

have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

1. You must be told if information in your file has been used against you. Anyone who uses information from a CRA to take action against you - such as denying an application for credit, insurance, or employment- must tell you, and give you the name, address, and phone number of the CRA that provided the "consumer report."
2. You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge up to eight dollars.
3. You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its finding to the CRA. (The source also must advise national CRA's-to which it has provided the data-of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA's investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask anyone who has recently received your report be notified of the change.
4. Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your files unless it is outdated (as described below) or cannot be verified. If you dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.
5. You can dispute inaccurate items with the source of the information. If you tell anyone- such as a creditor who reports to a CRA-that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you've notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.
6. Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
7. Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA - usually to consider an application with a creditor, insurer, employer, landlord, or other business.
8. Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report

medical information about you to creditors, insurers, or employers without your permission.

9. You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free number for you to call if you want your name and address removed from future lists. If you call, you must be kept off lists for two years. If you request, and return the CRA from provided for this purpose, you must be taken off the lists indefinitely.

10. You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data, violates the FCRA, you may sue them in state or federal court.

FOR QUESTIONS OR CONCERNS REGARDING	PLEASE CONTACT:
CRA's, creditors and others not listed below	Federal Trade Commission Consumer Response Center-FCRA Washington, D.C. 20580 (202-326-3761)
National banks, federal branches/agencies of foreign banks (the word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, D.C. 20219 (800-613-6743)
Federal Reserve System member banks (except national banks and federal branches/agencies or foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, D.C. 20551 (202-452-3693)
Savings Association and federally chartered savings banks (the word "federal" or the initials "F.S.B." appear in federal institution's name)	Office of Thrift Supervision Consumer Programs Washington, D.C. 20552 (800-842-6929)