



APPLICATION FOR EMPLOYMENT

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

7700 Perry Street
 Mt. Healthy, Ohio 45231
[www. mthealthy.org](http://www.mthealthy.org)

PLEASE PRINT CLEARLY

Position(s) Applied For		Date of Application		
How Did You Learn About Us?				
<input type="checkbox"/> Advertisement		<input type="checkbox"/> Walk-In		<input type="checkbox"/> City of Mt. Healthy Website
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Other _____		
Last Name		First Name		Middle Name
Address	Street	City	State	Zip Code
Telephone Number(s)	Email Address		Social Security Number	

If you are under 18 years of age, can you provide required proof of your eligibility to work? yes no

Have you ever filed an application with us before? yes no If yes, please provide date _____

Have you ever been employed with us before? yes no If yes, please provide date _____

Are you restricted on the hours and days you are available to work?
 yes no If yes, explain _____

Do you have a valid drivers license? yes no

Are you currently employed? yes no

May we contact your current employer? yes no

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? *Proof of citizenship or immigration status will be required upon employment.* yes no

On what date would you be available to work? _____

EDUCATION

	Name and Location Of School	Course of Study	Number of Years Completed	Diploma/ Degree
High School				
College				
Graduate School				
Other (specify)				

Describe any specialized training or skills that relate to the position applied for.

EMPLOYMENT HISTORY

Start with your current of most recent employer.

Employer		Dates Employed From To		Work Performed
Address				
Telephone Number(s)		Hourly Rate/Salary Start Final		
Job Title	Supervisor			
Reason for Leaving				

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Address				
Telephone Number(s)		Hourly Rate/Salary Start Final		
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Address				
Telephone Number(s)		Hourly Rate/Salary Start Final		
Job Title	Supervisor			
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MILITARY SERVICE RECORD

Are you currently in the military? Yes No Active Reserve

Were you in the U.S. Armed Forces? Yes No Active Reserve

If yes, what branch? _____

Dates of duty: From _____ To _____ Rank at discharge _____ Type of discharge _____