



# Port Clinton Chamber of Commerce

110 Madison Street • Port Clinton, Ohio 43452 • 419-734-5503 • Fax: 419-734-4768

## Employment Application

*Equal Opportunity Employer. We do not discriminate on the basis of race, religion, color, sex, age, national origin, disability, veteran status, or any other status or condition protected by applicable federal or state.*

**INSTRUCTIONS:** Read the Job Description to determine you meet the requirements. PRINT in dark ink or use typewriter. Answer all questions accurately and completely. FAILURE TO COMPLETE THE APPLICATION MAY RESULT IN REJECTION OF YOUR APPLICATION. RESUMES WILL **NOT** BE ACCEPTED IN LIEU OF COMPLETED APPLICATIONS, HOWEVER RESUMES ARE ENCOURAGED TO BE SUBMITTED IN ADDITION TO THIS APPLICATION.

TITLE OF POSITION FOR CONSIDERATION: \_\_\_\_\_ SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**PERSONAL INFORMATION:** (If you answer YES to any of the following questions, please explain in the space provided below. Answering YES not automatically disqualify you from the selection process.)

1. Have you ever been convicted of any criminal offense other than minor traffic violations? ..... YES \_\_\_\_\_ NO \_\_\_\_\_
2. Have you been ticketed for a moving violation in the last three years? ..... YES \_\_\_\_\_ NO \_\_\_\_\_
3. If not a U.S. citizen, are you permitted to work inside the United States of America? ..... YES \_\_\_\_\_ NO \_\_\_\_\_
4. If under age 18, can you provide proof of eligibility to work? ..... YES \_\_\_\_\_ NO \_\_\_\_\_
5. Have you ever been employed by this organization? ..... YES \_\_\_\_\_ NO \_\_\_\_\_
6. Have you ever applied to this organization before? If so, when? ..... YES \_\_\_\_\_ NO \_\_\_\_\_
7. Will you require special accommodations to participate in the selection process or to perform the  
Essential Functions of this position? ..... YES \_\_\_\_\_ NO \_\_\_\_\_
8. Are you on "layoff" status subject to recall? ..... YES \_\_\_\_\_ NO \_\_\_\_\_

**EDUCATION AND TRAINING:** Please list your education and training below beginning with your most recent experiences. Include city and state of school.

CIRCLE HIGHEST COMPLETED GRADE: 6 7 8 9 10 11 12 13 14 15 16 MA PhD DID YOU GRADUATE?: YES \_\_\_\_\_ NO \_\_\_\_\_

COLLEGE/VOCATIONAL/HIGH SCHOOL	COURSE OF STUDY	DEGREE/CERTIFICATE

**SPECIAL SKILLS:** List any other formal training programs/professional group memberships which provided training or experience relevant to this position. Organization names that may indicate race, color, religion, national origin, disability, or other protected status are not required.

EXPERIENCE WITH OFFICE MACHINES/SOFTWARE RELEVANT TO POSITION: \_\_\_\_\_

**EXPERIENCE:** Beginning with your most recent position, list all employment, military service, and volunteer work for the last ten years.  
Additional sheets may be added.

FROM \_\_\_\_\_ / \_\_\_\_\_ TITLE OF YOUR POSITION: \_\_\_\_\_  
TO \_\_\_\_\_ / \_\_\_\_\_ NO. HRS. WORKED PER WK: \_\_\_\_\_ NO. EMPLOYEES SUPERVISED: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
DUTIES OF YOUR POSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR'S NAME & JOB TITLE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ WAGE: \$ \_\_\_\_\_ HR / WK / MO  
MAY WE CONTACT THIS EMPLOYER? **YES NO** MAY WE CONTACT YOU AT WORK? **YES NO** PHONE: \_\_\_\_\_

FROM \_\_\_\_\_ / \_\_\_\_\_ TITLE OF YOUR POSITION: \_\_\_\_\_  
TO \_\_\_\_\_ / \_\_\_\_\_ NO. HRS. WORKED PER WK: \_\_\_\_\_ NO. EMPLOYEES SUPERVISED: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
DUTIES OF YOUR POSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR'S NAME & JOB TITLE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ WAGE: \$ \_\_\_\_\_ HR / WK / MO  
MAY WE CONTACT THIS EMPLOYER? **YES NO** MAY WE CONTACT YOU AT WORK? **YES NO** PHONE: \_\_\_\_\_

FROM \_\_\_\_\_ / \_\_\_\_\_ TITLE OF YOUR POSITION: \_\_\_\_\_  
TO \_\_\_\_\_ / \_\_\_\_\_ NO. HRS. WORKED PER WK: \_\_\_\_\_ NO. EMPLOYEES SUPERVISED: \_\_\_\_\_  
EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS OF EMPLOYER: \_\_\_\_\_  
DUTIES OF YOUR POSITION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
SUPERVISOR'S NAME & JOB TITLE: \_\_\_\_\_  
REASON FOR LEAVING: \_\_\_\_\_ WAGE: \$ \_\_\_\_\_ HR / WK / MO  
MAY WE CONTACT THIS EMPLOYER? **YES NO** MAY WE CONTACT YOU AT WORK? **YES NO** PHONE: \_\_\_\_\_

**CERTIFICATE OF APPLICANT (Read Carefully BEFORE Signing)**

I, the undersigned, certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements or omissions of material facts will subject me to disqualification or dismissal.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_