





**EMPLOYMENT EXPERIENCE**

**PREVIOUS EMPLOYMENT:** Start with your present or last job and list all employment experiences. If additional space is needed, use an extra sheet of paper.

1	EMPLOYER	TELEPHONE (    )	DATES EMPLOYED	
			FROM	TO
Current or Previous Employer	ADDRESS			
	JOB TITLE	DUTIES	May we call your present employer now?  Yes <input type="checkbox"/> No <input type="checkbox"/>  If no, when may we call?	
	SUPERVISOR			
	REASON FOR LEAVING OR WANTING TO LEAVE:			
2	EMPLOYER	TELEPHONE (    )		
			FROM	TO
Next Previous Employer	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
	REASON FOR LEAVING:			
3	EMPLOYER	TELEPHONE (    )		
			FROM	TO
Next Previous Employer	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
	REASON FOR LEAVING:			
4	EMPLOYER	TELEPHONE (    )		
			FROM	TO
Next Previous Employer	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
	REASON FOR LEAVING:			
5	EMPLOYER	TELEPHONE (    )		
			FROM	TO
Next Previous Employer	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
	REASON FOR LEAVING:			
6	EMPLOYER	TELEPHONE (    )		
			FROM	TO
Next Previous Employer	ADDRESS			
	JOB TITLE	DUTIES		
	SUPERVISOR			
	REASON FOR LEAVING:			

Pursuant to Ordinance No. 82, 2001, no person shall be employed by the City of Ashland who is related by blood or marriage to any currently serving elected City official or the City Manager in any of the following degrees of relationship; viz., husband, wife, father, mother, son, daughter, brother, sister, father-in-law, mother-in-law, sister-in-law, or brother-in-law and no person shall be employed for work to be performed within the same division or work unit in any of the various departments wherein the applicant for said employment is related by blood or marriage to a then existing employee within said department in any of the following degrees; viz., husband, wife, father, mother, son, daughter, brother, sister, mother-in-law, father-in-law, brother-in-law, or sister-in-law.

	Yes	No
Are you related to the City Manager? If yes, list relationship:		
Are you related to the Mayor of Ashland? If yes, list relationship:		
Are you related to any of the members of the Board of Commissioners? If yes, list relationship:		
Is your spouse employed by the City of Ashland? If yes, list name and department:		
Is (are) your child (children) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your step-child (step-children) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your foster child (foster children) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your parent(s) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your parent(s)-in-law employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your brother(s) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your brother(s)-in-law employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your half-brother(s) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your sister(s) employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your sister(s)-in-law employed by the City of Ashland? If yes, list name(s) and department(s):		
Is (are) your half-sister(s) employed by the City of Ashland? If yes, list name(s) and department(s):		

I certify that the answers given above are true, correct and complete to the best of my knowledge. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to: (1) cancel further consideration of my application for employment, or (2) immediately discharge me from employment whenever it is discovered.

Signature (Please sign – do not type or print) \_\_\_\_\_

\_\_\_\_\_ Date

# CITY OF ASHLAND HUMAN RESOURCES DEPARTMENT

## EEO DATA INFORMATION

The Civil Rights Act of 1964, Title VII-Equal Employment Opportunity prohibits discrimination based on race, color, religion, sex or national origin. This employer complies with this Act and various other Federal Government regulations prohibiting discrimination because of age, marital or veteran status, medical condition or disability.

We must make periodic reports to the Federal Government to reveal whether or not the entire personnel operation is in compliance with the various laws dealing with Equal Employment Opportunity. We ask your assistance with our reporting requirements by completing this form. This information will not be used in the employment process; it will be used only for compiling and reporting statistical data relevant to personnel operations after all phases of the employment process are completed.

Name \_\_\_\_\_

Social Security No. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street, Route or Box City State Zip Code

Position Applied for \_\_\_\_\_ Date \_\_\_\_\_

METHOD OF RECRUITMENT (Please specify or give name of publication):

- A. Newspaper \_\_\_\_\_
- B. Professional Publication \_\_\_\_\_
- C. Referral \_\_\_\_\_
- D. Other \_\_\_\_\_

PLEASE CHECK ( ✓ ) APPROPRIATE BOX

Sex:  Male  Female

Race:  Black  White  Hispanic  American Indian/  
Alaskan Native

"Failure to complete this form does not preclude the applicant's consideration for the position."

*AN EQUAL OPPORTUNITY EMPLOYER*