



CITY OF URBANA, OHIO

EMPLOYMENT APPLICATION

(Please Print)

SECTION I PERSONAL INFORMATION

1. Position applying for: _____

2. Name: _____ Social Security # _____
Last First Middle

3. Address: _____ Telephone: Home # _____
Number & Street
City State Zip

4. **MILITARY CREDIT CLAIM**

MILITARY CREDIT []

If you claim military service credit (Police & Fire Only), check the box to the right. A copy of the Honorable Discharge or DD-214, specifying an Honorable Discharge, must be submitted with this application.

<p>FOR OFFICE USE ONLY MILITARY</p> <p>() Approved () Disapproved</p>
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5. Areyou18 or older? [] Yes [] No

6. If hired, can you give written evidence of your right to work in this country? [] Yes [] No

7. What is your reason for interest in this job? _____

8. Have you ever been terminated or asked to resign from a previous employer? [] Yes [] No

If yes, please explain: _____

9. Do you now or have you ever worked for the City of Urbana? [] Yes [] No

If yes, when and for what department? From: _____ To: _____ Dept: _____

10. Do you have a valid Driver's License or Commercial Driver's License?

What State? _____ License Class? _____ Please List Endorsements: _____

SECTION II EDUCATION AND TRAINING

Place "X" in column for highest grade completed												Name and Location of High School
1	2	3	4	5	6	7	8	9	10	11	12	_____

Other Schools	Dates From To	Name of School	City / State	Major	Minor	Name of Degree
College or University						
Graduate School						
Vocational or Business School						

If you have received TRAINING in an area which you feel is relevant to the position for which you are applying, please submit the following information (do not include training gained as part of your education as described above):

Type of Training	Organization	Length of Training	Subject Covered
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SECTION III WORK EXPERIENCE

FULLY DESCRIBE your work experience beginning with your most recent job. Include relevant military and volunteer experience.

MAY WE CONTACT YOUR PRESENT EMPLOYER? [] Yes [] No

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To: Mo. _____ Yr. _____	_____	_____
Full-time [] Starting Salary _____	Duties performed: _____	
Part-time [] Ending Salary _____	_____	
Reason for leaving: _____	_____	

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To: Mo. _____ Yr. _____	_____	_____
Full-time [] Starting Salary _____	Duties performed: _____	
Part-time [] Ending Salary _____	_____	
Reason for leaving: _____	_____	

SECTION III WORK EXPERIENCE (Continued)

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To: Mo. _____ Yr. _____	_____	_____
Full-time [<input type="checkbox"/>] Starting Salary _____	Duties performed: _____	
Part-time [<input type="checkbox"/>] Ending Salary _____	_____	
Reason for leaving: _____	_____	

Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To: Mo. _____ Yr. _____	_____	_____
Full-time [<input type="checkbox"/>] Starting Salary _____	Duties performed: _____	
Part-time [<input type="checkbox"/>] Ending Salary _____	_____	
Reason for leaving: _____	_____	

**Please list additional work experience on a separate sheet.

[] RESUME ATTACHED -You must still complete Section III above.

SECTION IV PROFESSIONAL REFERENCES (Please do not include relatives)

NAME & OCCUPATION	ADDRESS	PHONE NUMBER
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

SECTION V RELEASE

BEFORE SIGNING, PLEASE CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS

I hereby certify that, to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. I understand that any false statements later disclosed will cause loss of my right to examination, certification, appointment or retention of position and may subject me to prosecution under Ohio Revised Code Section 2921.13.

Furthermore, I hereby authorize the City of Urbana to contact prior employers, educational institutions, and references listed above to obtain any and all information related to my past work performance, experience or education.

Signature of Applicant: _____ Date: _____

THE CITY OF URBANA IS AN EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH THE AMERICAN DISABILITIES ACT.

CITY OF URBANA, OHIO EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Please submit this sheet with your employment application.

NAME: _____ **DATE:** _____

JOB DESIRED: _____

DIRECTION: The City of Urbana requests that you supply the information below in order to assist our efforts in regard to equal employment opportunity. This information will in no way affect the processing of your application. This information sheet will be processed separately and will be used for statistical purposes only. It is gathered under the authority of Ohio Civil Rights Commission Rule 4112-5-04.

<u>RACE:</u> (Select any that apply)	
White	<input type="checkbox"/>
Black or African American	<input type="checkbox"/>
Native Hawaiian or Other Pacific Islander	<input type="checkbox"/>
American Indian or Alaska Native	<input type="checkbox"/>
Asian	<input type="checkbox"/>
Other Race	<input type="checkbox"/>

<u>SEX:</u>	
MALE	<input type="checkbox"/>
FEMALE	<input type="checkbox"/>

<u>ETHNICITY:</u>	
HISPANIC OR LATINO	<input type="checkbox"/>
NOT HISPANIC OR LATINO	<input type="checkbox"/>

<u>HOW DID YOU BECOME AWARE OF THIS POSITION?</u>	Note: Please mark all that apply.
A) Newspaper _____ If yes, which newspaper? _____	
B) Radio _____ If yes, which station? _____	
C) Job Posting _____ If yes, where? _____	
D) Personal Contact _____ If yes, give name. _____	
E) Other _____ Please Explain. _____	