

# 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 Work # \_\_\_\_\_  
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><b><u>FOR OFFICE USE ONLY</u></b></p> <p>MILITARY</p> <p>[ ] Approved [ ] Disapproved</p> |
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5. Are you 18 or older? [ ] Yes [ ] No
6. If hired, can you give written evidence of your right to work in this country? [ ] Yes [ ] No
7. Have you ever been convicted of a felony? (NOTE: A conviction will not necessarily disqualify you from employment.) [ ] Yes [ ] No
8. What is your reason for interest in this job? \_\_\_\_\_  
\_\_\_\_\_
9. List any reason why you would be unable to perform the essential functions, or fundamental job duties, of this position: \_\_\_\_\_  
\_\_\_\_\_
10. 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: \_\_\_\_\_
11. 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		Name of School	City / State	Major	Minor	Name of Degree
	From	To					
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 From: Mo. _____ Yr. _____ To : Mo. _____ Yr. _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Reason for leaving: _____	Title of Position Held _____ _____ Duties performed: _____ _____ _____	Name & Address of Employer _____ _____ _____
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Length of Employment From: Mo. _____ Yr. _____ To : Mo. _____ Yr. _____ Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Reason for leaving: _____	Title of Position Held _____ _____ Duties performed: _____ _____ _____	Name & Address of Employer _____ _____ _____
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**SECTION III - WORK EXPERIENCE (Continued)**

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

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Length of Employment	Title of Position Held	Name & Address of Employer
From: Mo. _____ Yr. _____	_____	_____
To : Mo. _____ Yr. _____	_____	_____
Full-time     [ ]	Duties performed: _____	_____
Part-time    [ ]	_____	_____
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.**