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Subjects of special study or research work _____

U.S. Military Service or Reserves: List dates, rank, and type of discharge _____

List location and name of last unit assignment _____

REFERENCES

Give below the names of five persons not related to you, whom you have known at least one year and whom have knowledge of your character, experience, and abilities. Do not list subordinate employees.

Name _____ Business _____

Address _____ Phone # _____

Email address _____ Reference Type ____ Professional ____ Personal

Name _____ Business _____

Address _____ Phone # _____

Email address _____ Reference Type ____ Professional ____ Personal

Name _____ Business _____

Address _____ Phone # _____

Email address _____ Reference Type ____ Professional ____ Personal

Name _____ Business _____

Address _____ Phone # _____

Email address _____ Reference Type ____ Professional ____ Personal

Name _____ Business _____

Address _____ Phone # _____

Email address _____ Reference Type ____ Professional ____ Personal

EMPLOYMENT EXPERIENCE

LIST ALL THE JOBS YOU HAVE HAD (Maximum of 20 years), STARTING WITH THE MOST RECENT.

Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates Of Service	Reason for Leaving	Hourly Rate/ Salary Start-Final
Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/ Salary Start-Final
Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/ Salary Start-Final
Employer	Address	Telephone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/ Salary Start-Finish

If you need additional space, please continue on a separate sheet of paper.

SPECIAL LICENSES, SKILLS & QUALIFICATIONS

Summarize special job-related skills, qualifications, licenses, certifications, or training that you acquired from employment or other experience. (Add a separate sheet if necessary)

IN CASE OF EMERGENCY NOTIFY:

Name _____ Phone No. _____

The information provided in this Employment Application is true and complete. The City may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered.

If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by the City. I understand that any offer of employment may be contingent upon such medical examination and a background check.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, by either me or the City. I understand that this cannot be changed except in a writing signed by the City Manager that states it is intended to make that change. Anything said or implied to the contrary is not binding on the City.

Date: _____ Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any reference, school, former employer, military or other person to disclose to the City, upon request, any information they may have about me and I release them from all liability for disclosing such information. **(If you are applying for a Police Officer or Firefighter position you must have your signature Notarized).**

Date: _____ Signature: _____

POLICE AND FIRE APPLICANTS ONLY

Notary Signature _____ Date _____

My Commission expires _____

**AUTHORIZATION AND DISCLOSURE OF CONSUMER REPORT
AND INVESTIGATIVE CONSUMER REPORT
UNDER THE FAIR CREDIT REPORTING ACT**

The City may obtain or cause to be prepared consumer reports for employment purposes. It may be an investigative consumer report which is obtained through personal interviews and might include information as to your character, general reputation, personal characteristics and mode of living.

You may make a written request, within a reasonable period of time, for a disclosure of the nature and scope of any investigative consumer report we have requested. You may also request a written summary of your rights under the Fair Credit Reporting Act.

If you consent to our obtaining a consumer report or investigative consumer report, sign and date below. We will not process your application until this is signed.

* * *

I authorize the City to obtain or cause to be prepared consumer reports, and investigative consumer reports, about me for employment purposes. I understand that in obtaining such consumer reports and investigative consumer reports, a consumer reporting agency may be used, and I authorize such use. This authorization and disclosure will remain effective for the duration of my employment, if I am hired.

I have received a copy of this authorization and disclosure.

Date

Signature

Printed name



Ohio Civil Rights Commission – Statistical Survey



INSTRUCTIONS:

The City of Sidney is required to report on the statistical information requested below. If you choose to volunteer this information, it will be filed separately from your employment application. Whether or not you elect to provide this information is entirely voluntary and will not affect any employment decision. However, in order for us to gather the needed information, we do ask that you provide responses to all 6 questions. If you prefer not to answer any or all of the following questions, please select the box/es titled “No Response”. Thank you for your assistance in this statistical survey.

1) **ETHNIC RACIAL STATUS:** (Please check only one)

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Black | <input type="checkbox"/> American Indian | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> No Response |
-

2) **SEX:**

- | | | |
|-------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> No Response |
|-------------------------------|---------------------------------|--------------------------------------|
-

3) **AGE GROUP:**

- | | | |
|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> 16 W/Proof of Age | <input type="checkbox"/> 18 to 25 | <input type="checkbox"/> 41 to 65 |
| <input type="checkbox"/> 17 | <input type="checkbox"/> 26 to 40 | <input type="checkbox"/> 66 and older |
| | | <input type="checkbox"/> No Response |
-

4) **HOW DID YOU HEAR ABOUT THIS JOB?** (Please check only one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sidney Daily News | <input type="checkbox"/> Friend | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Area Newspaper | <input type="checkbox"/> Current Employee | <input type="checkbox"/> Radio/Television |
| <input type="checkbox"/> Ohio Employment Service | <input type="checkbox"/> Professional Journal | <input type="checkbox"/> No Response |
-

5) **RESIDENCE:** (Please check only one)

- | | | | |
|---------------------------------|--|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Sidney | <input type="checkbox"/> Shelby County | <input type="checkbox"/> Ohio | <input type="checkbox"/> Out of State |
| | | | <input type="checkbox"/> No Response |
-

6) **DO YOU HAVE A KNOWN DISABILITY?**

- | | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Response |
|------------------------------|-----------------------------|--------------------------------------|