

Reynoldsburg, Ohio
7232 E. Main Street, Reynoldsburg Ohio 43068
www.ci.reynoldsburg.oh.us
Brad McCloud, Mayor

APPLICATION FOR EMPLOYMENT

The City of Reynoldsburg is an equal opportunity employer. We are committed to our policy of providing equal employment opportunity to employees and job applicants in a manner consistent with applicable laws and regulations, including federal laws prohibiting employment discrimination on the basis of race, color, creed, national origin, sex, age, disability, or genetic information.

SECTION I: PERSONAL INFORMATION:

Name: _____ Date: _____
 Address: _____ City: _____ State: _____ Zip: _____
 Home Phone: _____ Cell Phone: _____ Email: _____

APPLICANT QUESTIONS:

I am applying for the following position:
 Job Title: _____ Department: _____

<p>Applicants for Civil Service Examination Please Read: Minimum Qualifications - To qualify for a requested examination applicant must show clearly, by stated experience or training that they meet all the minimum qualifications specified in the announcement posting. Failure to do so will result in your application being disapproved.</p>	<p>Military Credit Claim Yes _____ No _____ In order to claim Military service credit on your exam, check the box above. A minimum of at least three (3) years of active duty, reserve service or reserves without three (3) years of service that have at least 180 continuous days of active duty (attach copy of your DD214 showing your honorable discharge or your LES, whichever is applicable). Civil Service Exam Date: _____</p>
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The following information will be used if it is directly related to the position for which you are applying.

- Are you willing and able to secure an Ohio Driver’s License, if a license is required? ___ Yes ___ No
- Do you meet the minimum qualifications for the position you are applying for? ___ Yes ___ No
- If hired, can you provide documents required to establish your eligibility to work in the U.S.?
___ Yes ___ No
- Have you ever been employed with the City of Reynoldsburg?
 If you are currently a City employee, Job title: _____
___ Yes ___ No
- Are you 18 years of age or older? ___ Yes ___ No

SECTION II: LICENSE, REGISTRATION AND CERTIFICATES

(Include any valid Driver’s License or Commercial Driver’s License if required for the Job Title).

License/Certification Issued by	Field/Trade Specialization	License/Certificate Number	Expiration

SECTION III: EXPERIENCE

In the areas below list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. NOTE: In order to be considered for employment you must fill in the information below accurately and completely. You may submit a resume in addition to completing this section. If you need additional space, attach extra copies. List your four most recent employers or employers covering last 10 (ten) years, as applicable.

List positions starting with most recent:

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Start Date: _____ Date Left: _____

Beginning Salary: _____ Ending Salary: _____ Reason for Leaving: _____

Duties: _____

Supervisors Name and Title: _____

May we contact this employer? Yes No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Start Date: _____ Date Left: _____

Beginning Salary: _____ Ending Salary: _____ Reason for Leaving: _____

Duties: _____

Supervisors Name and Title: _____

May we contact this employer? Yes No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Start Date: _____ Date Left: _____

Beginning Salary: _____ Ending Salary: _____ Reason for Leaving: _____

Duties: _____

Supervisors Name and Title: _____

May we contact this employer? Yes No

Employer: _____ Telephone: _____

Address: _____

Position Title: _____ Start Date: _____ Date Left: _____

Beginning Salary: _____ Ending Salary: _____ Reason for Leaving: _____

Duties: _____

Supervisors Name and Title: _____

May we contact this employer? _____ Yes _____ No

SECTION IV: EDUCATION:

High School Graduate ___ Yes ___ No GED Certificate No. _____ GED Issued by: _____

Name & Address of School: _____

Attach a copy of diploma or GED

Are you currently attending school? ___ Yes ___ No Level: _____

POST HIGH SCHOOL EDUCATION- ATTACH A COPY OF DIPLOMA

(Including Technical School, Business School, Professional School, College and University)

School Name and Location	Major Area of Study	Degree or Certification

Please list below the specific course work areas in the high school level and beyond relevant to the position for which you are applying. Also include the number of courses you have successfully completed in each area. NOTE: a transcript *may not* be substituted for this section, although you might be required to submit a transcript.

Course Work Area	No. of Courses	Course Work Area	No. of Courses

TRAINING AND OTHER QUALIFICATIONS

(Do not include coursework already describe above)

Subject or Title of Training	Organization	Length or Training

List special equipment or machines you can operate: _____

List computer software in which you have skills, including word processing, spreadsheets, and database programs. Please indicate the specific name of the software: _____

List special clerical skills, including typing and shorthand: _____

Typing Speed: _____

LIST OF ALL RESIDENCES AND DATES FOR THE LAST FIVE YEARS – Include Street address, City, State, Zip Code and County of Residence.

_____ Dates: _____
 _____ Dates: _____
 _____ Dates: _____
 _____ Dates: _____
 _____ Dates: _____
 _____ Dates: _____

SECTION V - WORK-RELATED REFERENCES: (Do not include relatives)

Name	Occupation	Contact Information
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

SECTION VI- APPLICATNT WAIVER FORM

STATEMENT (Please read this statement carefully before signing this application):

I have made application for employment with the City of Reynoldsburg and hereby give permission to Reynoldsburg to conduct an investigation for the purposes of determining my eligibility for employment. I authorize the City of Reynoldsburg to conduct a thorough background investigation of my work and personal history, and verify all data given on this application and during interviews. I hereby release the City of Reynoldsburg, and its representatives or agents, from any liability that might result from such an investigation. I authorize all individuals, schools, and firms named to provide any requested information and release them from all liability for providing the requested information. I request and authorize the City, County, State or Federal agency to furnish any information contained in their files under my name. I agree to hold any source of information blameless for any error in reporting this information and I release all persons whomsoever from any damage as a result of furnishing said information. I further understand this completed form will become a public record when submitted to the City of Reynoldsburg.

I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me for my employment and hereby consent that he or she may disclose such knowledge or information to the City of Reynoldsburg. This investigation is for the purpose of determining eligibility for employment with the City of Reynoldsburg and the information will be held in strict confidence. I understand that an offer of employment is conditional upon proof of legal authorization to work the United States as required by the Immigration Reform and Control Act.

I certify that all the statements in this completed application are true and understand that any falsification or willful omission shall be sufficient cause for dismissal or refusal to hire.

Signature of Applicant: _____ **Date Signed:** _____

EQUAL EMPLOYMENT OPPORTUNITY (EEO) VOLUNTARY SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, gender identity, protected veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Name (Optional): _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one) Female Male

Race/Ethnic Identification (check one):

	Hispanic or Latino	A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.		
	White (Not Hispanic or Latino)	A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
	Black or African American (Not Hispanic or Latino)	A person having origins in any of the black racial groups of Africa.
	Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)	A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
	Asian (Not Hispanic or Latino)	A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
	American Indian or Alaska Native (Not Hispanic or Latino)	A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.
	Two or More Races (Not Hispanic or Latino)	All persons who identify with more than one of the above five races
	Decline Self Identification	

Veteran Status	Yes	No
Are you a Veteran	<input type="checkbox"/>	<input type="checkbox"/>
Disabled Veteran	<input type="checkbox"/>	<input type="checkbox"/>

How did learn about this position?	
<input type="checkbox"/>	Personal Friend
<input type="checkbox"/>	Civil Service Test Posting
<input type="checkbox"/>	Computer Posting
<input type="checkbox"/>	Newspaper
<input type="checkbox"/>	Other

Applicant's Signature (Optional)

Date