

CITY OF SPRINGFIELD, OHIO

EMPLOYMENT APPLICATION

(Please Print)

FOR OFFICE USE ONLY
Date: _____
Time: _____
Received by: _____

SECTION I - PERSONAL INFORMATION

1. Position applying for: _____
2. Name: _____ Social Security # _____
Last First Middle
3. Address: _____ Telephone Home # _____
Number & Street City State Zip Work # _____

4. **MILITARY CREDIT CLAIM**

MILITARY CREDIT []

If you claim military service credit, 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.

FOR OFFICE USE ONLY
Military: [] Approved
[] Disapproved

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 Springfield? [] 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 From To	Name of School	City/ State	Major	Minor	Name of Degree Rec'd
College or Univ.						
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 <input type="checkbox"/>	Duties performed: _____	
Part-time <input type="checkbox"/>	_____	
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"/>	Duties performed: _____	
Part-time <input type="checkbox"/>	_____	
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"/>	Duties performed: _____	
Part-time <input type="checkbox"/>	_____	
Reason for leaving: _____	_____	
_____	_____	

Length of Employment
From: Mo. _____ Yr. _____
To : Mo. _____ Yr. _____
Full-time []
Part-time []
Reason for leaving: _____

Title of Position Held

Duties performed: _____

Name & Address of Employer

**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 Springfield 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 SPRINGFIELD IS AN EQUAL OPPORTUNITY EMPLOYER
EEO/MINORITY/FEMALE/DISABLED

CITY OF SPRINGFIELD, OHIO

EQUAL EMPLOYMENT OPPORTUNITY INFORMATION SHEET

Please submit this sheet with your employment application.

NAME: _____

DATE: _____

JOB DESIRED: _____

DIRECTION: The Personnel Department 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>SEX:</u>	<input type="checkbox"/> Male	<input type="checkbox"/> Female
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<u>RACE:</u>	
White	<input type="checkbox"/> Persons having origins in any of the original peoples of Europe, North Africa, or the Middle East
Black	<input type="checkbox"/> Persons having origins in any of the black racial groups.
Hispanic	<input type="checkbox"/> Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
American Indian: Alaskan Native	<input type="checkbox"/> Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
Asian/ Pacific Islanders	<input type="checkbox"/> Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islanders.

<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. _____	
