

City of Centerville

Human Resources Department 100 West Spring Valley Rd., Centerville, Ohio45458 Phone: (937) 433-7151 Fax: (937) 428-4718

http://www.centervilleohio.gov

An Equal Opportunity Employer

HR Dept. Use Only
Applicant Tracking
Acknowledgement Sent

Important Information about the Application Process

- This employment application is to be used for all internal, external, and seasonal or temporary job postings. We strongly encourage you to provide a resume and cover letter in addition to this application.
- If you require special accommodations to participate in the application or selection process due to a disability, please contact Human Resources at (937) 433-7151 or TDD (937) 433-7661.
- Applications are kept on file for one year. Please keep a copy for your files.

employment for the position of police officer.

- A separate application should be submitted for each position for which you are applying.
- Applications must specifically reflect all requirements for the position, including experience and/or required courses of study.
- Please answer all questions accurately and completely. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provide is accurate and complete.

Applicant Information		
Position for which you are applyi	ng:	_
Last Name	First Name	MI
Street Address:		
City:	State:	Zip Code:
Home Phone: ()		()
Cell Phone: ()_		
E-mail address:		
General Information		
	een employed with the City of Centervi appropriate employment status: Regu	
Do you have relatives employed If yes, please give name		Yes No
What are your salary expectation	s? Date ava	ailable?
Are you on layoff, subject to reca	all? Yes No	
Are you able to perform the esser	ntial functions of this job, with or with	nout reasonable accommodations?
Are you at least 18 years old?	Yes No	
Police Officer Applicants only: A	re you at least 21 years old? Yes	No 🗌
Police Officer Applicants only: C	ertain felony and misdemeanor convid	ctions may disqualify an individual from

MPLOYMENT APPLICATION

Employment History

- In this section, please describe the duties you have performed in previous positions, which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying. You may include internships, verifiable volunteer activities, self-employment, and military experience.
- **Begin with your most recent job or assignment first** and list each job separately, extending for a period of <u>10 years</u>. Please explain all periods of unemployment.
- Additional pages of work history may be attached, if necessary.
- A resume is not a substitute for this section of the application.

May we contact this employer? Yes No	Start Date:	_//End Date://
Employer:	_Position Title:	
Address:	_Starting Salary:	Ending Salary:
City, State, Zip Code:	_Full-time	Part-time
Supervisor's name and title:		
Duties & Responsibilities:		
Reason for leaving:		
May we contact this employer? Yes No	Start Date:	_//End Date://
Employer:	_Position Title:	
Address:	_Starting Salary:	Ending Salary:
City, State, Zip Code:	_Full-time	Part-time
Supervisor's name and title:		
Duties & Responsibilities:		
Reason for leaving:		_
May we contact this employer? Yes No	Start Date:	_//End Date://
Employer:	_Position Title:	
Address:	_Starting Salary:	Ending Salary:
City, State, Zip Code:	_Full-time	Part-time
Supervisor's name and title:		
Duties & Responsibilities:		
Reason for leaving:		

Do you have a high school diploma, GED certificate, or equivalent? Yes No	Education, Training	, Certificate	es & Li	icenses						
Name of School Location of School Courses of Study (major) Semester Hours Credits Completed Quarter Hours Certificate Earned										
List driver's license and any professional licenses or certificates Title of license or certificate	Colleges, universities, mil	itary, trade, bu	ısiness, d	or other schools atten	ded					
Title of license or certificate Indicate special skills that you have acquired Administrative: Shorthand Typing Fluency in languages other than English: Read Speak Write Certification of Information, Authorization & Release BY MY SIGNATURE BELOW, I: Certify that all answers given herein are true and complete to the best of my knowledge; Authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision; Release the individual, company, institution, or organization and all individuals connected therewith from all liability incurred in giving such information. I further release the City of Centerville from all liability incurred in obtaining and/or using such information; Understand that this application is not intended to be a contract for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Centerville. Understand that some of the positions in the city are filled using various selection tests. If the position for which I applied is filled utilizing a selection test, the city will provide notice of the time, date, and place. If I require special accommodation, I agree to contact the human resources department at 937-433-7151 at least seven (7) days prior to the test.	Name of School							Certificate		
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Electronic or typed signatures are accepted.	Signature of Applicant				Date					
i-/human resources/recruitment/employment application 1/2016		·								

j:/human resources/recruitment/employment application, 1/2016
