



100 Public Square, Greenville, Ohio 45331
Employment Application
(An Equal Opportunity Employer)

Position applied for _____ DATE _____

This application is part of your civil service examination. Each position requires a separate application. Answer all questions accurately and completely by typing or printing your responses. If you need additional space for any response, a continuation sheet is provided within this application.

PERSONAL INFORMATION

NAME _____ SOCIAL SECURITY # _____
(Last, First, Middle Initial)

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAME? Yes [] No [] IF YES, LIST ALL NAMES _____

PRESENT ADDRESS _____
Street City State Zip

How long have you lived at this address? _____

PREVIOUS ADDRESS _____
Street City State Zip

How long did you live at this address? _____

HOME PHONE _____ MOBILE PHONE _____

EMAIL ADDRESS _____ REFERRED BY _____

Are you a present or former employee of the City of Greenville? Yes [] No []

Is any relative or member of your household employed by the City of Greenville? Yes [] No []

If yes, list names _____

Driver's License: Operator Yes No CDL YES NO If yes, list class _____

Driver's License Number _____ State _____ Expiration Date _____

EDUCATION				
	Name & Location of School Attended	How Many Years	Did You Graduate	Subjects Studied
High School				
College				
Other				

Subjects of special study or research work _____

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

List location and name of last unit assignment _____

Do you claim veteran's preference? Yes No If yes, you must attach your DD214.

PROFESSIONAL REFERENCES

Provide the names of four persons not related to you, whom you have known at least one year, and whom have knowledge of your character, experience, and abilities:

Name _____ Business _____

Address _____ Phone # _____

Name _____ Business _____

Address _____ Phone # _____

Name _____ Business _____

Address _____ Phone # _____

Name _____ Business _____

Address _____ Phone # _____

EMPLOYMENT EXPERIENCE

LIST ALL THE JOBS YOU HAVE HAD, STARTING WITH THE MOST RECENT. EXPLAIN ANY GAPS IN EMPLOYMENT GREATER THAN THREE MONTHS.

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

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

SPECIAL SKILLS & QUALIFICATIONS

Summarize special job-related skills, qualifications, certifications, or training that you acquired from employment or other experience. A continuation sheet is provided within this application if additional space is needed.

IN CASE OF EMERGENCY NOTIFY:

Name _____ Phone _____

Address _____

Relationship _____

Name _____ Phone _____

Address _____

Relationship _____

CONTINUATION SHEET

USE THE SPACE BELOW AS NEEDED TO COMPLETE QUESTIONS CONTAINED WITHIN THIS APPLICATION:

CERTIFICATION: PLEASE READ CAREFULLY BEFORE SIGNING

The information I provided in this Employment Application is true and complete. I understand that any false or misleading statement or omission in this application or during the hiring process, whenever it may be discovered, will result in disqualification or termination.

If I receive an offer of employment, I authorize a medical examination, including 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 Safety & Services Director 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, or other person to disclose to the City of Greenville, upon request, any information they may have about me, and I release them from all liability for disclosing such information.

Date

Signature

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

The City of Greenville 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

The City of Greenville 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 six questions. If you prefer not to answer any or all of the following questions, please select the box titled “No Response”. Please check only one box per question. Thank you for your assistance in this statistical survey.

1. Race/Ethnic Identification

- White Hispanic Asian American No Response
 Black American Indian Other

2. Sex

- Male Female No Response

3. Age Group

- 16 to 17 26 to 40 66 and Older No Response
 18 to 25 41 to 65

4. How did you hear about this job?

- Newspaper Friend Other
 City Website Current Employee No Response
 Facebook Ohio Employment Service

5. Residence

- Greenville Darke County Ohio Out of State No Response

6. Do you have a known disability?

- Yes No No Response