

Date: _____

Department of Interest _____

APPLICATION FOR EMPLOYMENT
CITY OF YOUNGSTOWN
 26 SOUTH PHELPS STREET, CITY HALL
 YOUNGSTOWN, OHIO 44503

YOUR ELIGIBILITY WILL BE DETERMINED BY THE INFORMATION YOU PROVIDE ON THIS APPLICATION. FAILURE TO ANSWER EVERY ITEM TRUTHFULLY AND COMPLETELY MAY JEOPARDIZE YOUR OPPORTUNITY FOR EMPLOYMENT OR MAY CONSTITUTE GROUNDS FOR DISMISSAL AFTER EMPLOYMENT. PLEASE WRITE "N/A" IF AN ITEM DOES NOT APPLY TO YOU. PLEASE TYPE OR PRINT IN INK.

GENERAL INFORMATION	LAST NAME: _____	FIRST NAME _____	MIDDLE INITIAL _____
	PRESENT STREET ADDRESS: _____	SOCIAL SECURITY NUMBER _____ - ____ - ____	
	CITY _____	STATE _____	ZIP CODE _____
	TELEPHONE NO. () _____	CELL/MOBILE TELEPHONE (OPTIONAL) () _____	ARE YOU A U.S. CITIZEN? YES ____ NO ____
	ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? <input type="checkbox"/> Yes <input type="checkbox"/> No ARE YOU A MEMBER OF AN OHIO RETIREMENT SYSTEM? <input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, ID# _____ BRANCH _____		
EDUCATION	HIGH SCHOOL NAME _____		LOCATION _____
	DID YOU GRADUATE? YES ____ NO ____		G.E.D. CERTIFICATE? YES ____ NO ____
	COLLEGE, VOCATIONAL, TRADE, OR BUSINESS SCHOOLS	LOCATION	DATES ATTENDED Mo. /Yr. to Mo./Yr.
	MAJOR	TYPE OF DEGREE OR CERTIFICATE	
QUALIFICATIONS	LIST ANY SPECIAL QUALIFICATIONS OR LICENSES (PLEASE INCLUDE CDL LICENSE).		
	<u>TYPE OF LICENSES</u>	<u>EXPIRATION DATE</u>	
	Do you possess a valid State of Ohio driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, can you obtain one prior to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No Have you ever been denied a driver's license or had your driver's license suspended or revoked? YES ____ NO ____ If yes, explain fully: _____		
PERSONAL INFORMATION	Do you have any commitments (i.e. second job, school, etc) which might interfere with or adversely affect your employment should we select you for a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please explain. _____		
	Please list any additional training, skills, abilities, hobbies, volunteer work, etc. that may be helpful in the evaluation of your application. _____		
Do you have friends or relatives who presently work for the City? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, is that person an administrator or a supervisor? _____			

MILITARY	Have you ever served in the U.S. Armed Forces? Yes _____ No _____ Branch of Military Service _____ Dates Served: From _____ To _____ Did you serve at least 180 days of consecutive Active Duty Service? Yes _____ No _____ If yes, were you honorably discharged? Yes _____ No _____ Present Reserve Status: Active _____ Inactive _____		
EMPLOYMENT AND EXPERIENCE	LIST YOUR EMPLOYMENT RECORD BEGINNING WITH YOUR MOST RECENT POSITION. INCLUDE PERIODS OF UNEMPLOYMENT. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.		
	WOULD YOU OBJECT TO THE CITY CONTACTING YOUR PRESENT EMPLOYER? YES _____ NO _____		
	_____ TO _____ MONTH YEAR MONTH YEAR	EMPLOYER ADDRESS PHONE NO. SUPERVISOR	YOUR TITLE AND DUTIES REASON FOR LEAVING
	_____ per _____ HRS. WEEK SALARY		
	_____ TO _____ MONTH YEAR MONTH YEAR	EMPLOYER ADDRESS PHONE NO. SUPERVISOR	YOUR TITLE AND DUTIES REASON FOR LEAVING
	_____ per _____ HRS. WEEK SALARY		
	_____ TO _____ MONTH YEAR MONTH YEAR	EMPLOYER ADDRESS PHONE NO. SUPERVISOR	YOUR TITLE AND DUTIES REASON FOR LEAVING
_____ per _____ HRS. WEEK SALARY			
_____ TO _____ MONTH YEAR MONTH YEAR	EMPLOYER ADDRESS PHONE NO. SUPERVISOR	YOUR TITLE AND DUTIES REASON FOR LEAVING	
_____ per _____ HRS. WEEK SALARY			
Have you ever been terminated or disciplined while in a position listed above? YES _____ NO _____ If yes, state circumstances. _____			
CRIMINAL	HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, OR ARE THERE ANY CRIMINAL CHARGES PENDING AGAINST YOU AT THE PRESENT TIME? YES _____ NO _____ IF YES, EXPLAIN FULLY. (Include felonies, misdemeanors, traffic, and military convictions. Do not include parking violations). Failure to admit is cause for disqualification or termination of employment if discovered after hiring. _____ _____		
REFERENCES	Please list three personal references that are not related to you that you have known for at least one year. Name: _____ Address: _____ Phone: _____ _____ _____ _____		

I hereby certify that the statements I have made on this application are true and complete to the best of my knowledge. I authorize any investigation of all statements contained in this application. I understand that any misrepresentation or falsification of information provided may lead to withdrawal of an employment offer or termination following employment. I understand that I may be required to verify all information given on this application. I understand that I must notify the Mayor's Office of any change in name, address, or telephone number or any other pertinent information. I recognize that my future employment with the City of Youngstown will be jeopardized if I engage in substance abuse, illegal drug use or alcohol abuse.

Applicant Signature _____ Date _____