

Reynoldsburg, Ohio

Focused on the Future

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

Section I - Personal Information

Date: _____

Last Name _____ First Name _____ Middle Initial _____
 Home Address _____
 City _____ State _____ Zip Code _____ County _____
 Home Number _____ Work Number _____
 Cell Phone No. _____ Home E-Mail _____
 Social Security No. _____ Work E-Mail _____

I am applying for the following position: Job Title _____	
Posting Deadline _____	Department _____ Posted Salary _____
REYNOLDSBURG JOB CATEGORIES	
<input type="checkbox"/> Classified <input type="checkbox"/> Unclassified <input type="checkbox"/> Provisional <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Seasonal <input type="checkbox"/> Occasional <input type="checkbox"/> Other _____	
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.	Military Credit Claim <input type="checkbox"/> In order to claim Military service credit on your exam, check the box above. Honorable Discharge or DD214 or copy thereof must be submitted with this application. Civil Service Exam Date _____

The following information will be used if it is directly related to the position for which you are applying:

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Are you willing and able to secure an Ohio Driver's License, if a license is required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you meet the minimum qualifications for the position you are applying for? . . . | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed with the City of Reynoldsburg? | <input type="checkbox"/> | <input type="checkbox"/> |
| If you are currently a City employee, Job Title _____ | | |
| 4. Have you ever been convicted of a felony? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you ever been convicted of a Drug Offense? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been convicted of Domestic Violence or a similar crime? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you completed Peace Officer Training? | <input type="checkbox"/> | <input type="checkbox"/> |

If, Yes, attach copy of a valid certificate from the Ohio Peace Officer Training Council.

Section II - Licenses, Registration And Certificates

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

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

Section III - Experience

CITY OF REYNOLDSBURG

In the areas below please 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.

PRESENT OR MOST RECENT JOB

DATES OF EMPLOYMENT

Employer _____ Phone _____	From _____ Month Day Year
Address _____	To _____ Month Day Year
City _____ State _____ Zip _____	Salary: Current _____
Reason For Leaving _____	Contact Supervisor <input type="checkbox"/> YES <input type="checkbox"/> NO
Job Title _____ Duties _____	Supervisor's Name and Title _____
_____	_____
_____	_____
_____	_____

NEXT MOST RECENT JOB

DATES OF EMPLOYMENT

Employer _____ Phone _____	From _____ Month Day Year
Address _____	To _____ Month Day Year
City _____ State _____ Zip _____	Salary: Beginning _____
Reason For Leaving _____	Salary: Ending _____
Job Title _____ Duties _____	Supervisor's Name and Title _____
_____	_____
_____	_____
_____	_____

PREVIOUS JOB

DATES OF EMPLOYMENT

Employer _____ Phone _____	From _____ Month Day Year
Address _____	To _____ Month Day Year
City _____ State _____ Zip _____	Salary: Beginning _____
Reason For Leaving _____	Salary: Ending _____
Job Title _____ Duties _____	Supervisor's Name and Title _____
_____	_____
_____	_____
_____	_____

PREVIOUS JOB

DATES OF EMPLOYMENT

Employer _____ Phone _____	From _____ Month Day Year
Address _____	To _____ Month Day Year
City _____ State _____ Zip _____	Salary: Beginning _____
Reason For Leaving _____	Salary: Ending _____
Job Title _____ Duties _____	Supervisor's Name and Title _____
_____	_____
_____	_____
_____	_____

Section IV - Education and Training CITY OF REYNOLDSBURG

High School Graduate YES NO GED Certificate No. _____ GED Issued by _____

Name & Location of High School _____ (ATTACH COPY OF DIPLOMA OR GED)

Are you currently attending school? YES NO Level _____

POST HIGH SCHOOL EDUCATION - ATTACH COPY OF DIPLOMA

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE & UNIVERSITIES

SCHOOL NAME & LOCATION	MAJOR AREA OF STUDY	DEGREE OR CERTIFICATION

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate 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 course work already described above)

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

List special equipment or machines you can operate: _____

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

List special clerical skills, including typing and shorthand: _____
 _____ Typing Speed: _____

CITY OF REYNOLDSBURG

Section V - Referrals

List Five Employment/Personal References		
NAME	ADDRESS	PHONE

LIST ALL RESIDENCES AND DATES FOR THE LAST FIVE YEARS

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

Section VI - APPLICANT WAIVER FORM

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. It is my responsibility to assure that the application is received or postmarked by the closing date. This completed form will become a public record when submitted to the City of Reynoldsburg.

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 understand that a background check may be required prior to employment and I hereby give permission to the City and agencies contracted by the City to make an investigation concerning my credit rating, arrest records, school records and to interview any person that the City believes to have information concerning my character. 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 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. In accordance with the Drug Free Workplace Program drug testing may be required. I understand that an offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

APPLICANT SIGNATURE _____ **DATE** _____

**CITY OF REYNOLDSBURG
EEO DATA FORM**

APPLICANT

JOB TITLE

DATE

SEX _____ **Male**
_____ **Female**

DATE OF BIRTH _____

SOCIAL SECURITY NO. _____

RACE _____ **White**
_____ **Black**
_____ **Hispanic**
_____ **Asian/Pacific
Islanders**
_____ **American Indian/
Alaskan Native**

- A. (Persons having origins in any of the original people of Europe or the middle east)**
- B. (Persons having origins in any of the Black racial groups of Africa)**
- C. (Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin regardless of race)**
- D. (Persons having origins in any of the original people of the Far East. Southeast Asia, India Subcontinent or the Pacific Islands)**
- E. (Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition)**

VETERAN STATUS	YES	NO	HOW DID YOU LEARN ABOUT THIS POSITION ?
Are you a Veteran?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Personal Friend <input type="checkbox"/> Civil Service Test Posting <input type="checkbox"/> Electronic Computer Posting <input type="checkbox"/> Paper Vacancy Posting <input type="checkbox"/> Newspaper _____ <input type="checkbox"/> Other _____
Disabled Veteran	<input type="checkbox"/>	<input type="checkbox"/>	
Vietnam Era Veteran	<input type="checkbox"/>	<input type="checkbox"/>	
Desert Storm/Shield Veteran	<input type="checkbox"/>	<input type="checkbox"/>	
Iraqi Freedom/Enduring Freedom	<input type="checkbox"/>	<input type="checkbox"/>	
Other	<input type="checkbox"/>	<input type="checkbox"/>	

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities? **YES** **NO**

Are there any accommodations requested in order for you to perform the job?

This is a voluntary form to be completed & will be used for statistical purposes only.