

CITY OF NORTH RIDGEVILLE, OHIO
EMPLOYMENT APPLICATION
“An Equal Opportunity Employer”

I. PERSONAL INFORMATION:		POSITION APPLYING FOR:			
SOCIAL SECURITY NUMBER		NAME (Last, First, Middle)			
MAILING ADDRESS (Number and Street) (Apartment Number/P.O. Box):					
CITY:		STATE:	ZIP CODE:	COUNTY:	
AREA CODE/HOME OR CELL PHONE:	AREA CODE/BUSINESS PHONE:		MAY WE CONTACT YOU AT YOUR BUSINESS NUMBER? <input type="checkbox"/> Yes <input type="checkbox"/> No		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS? Years: _____ Months: _____.					
PREVIOUS ADDRESS (Number and Street, City State and Zip Code):					
HAVE YOU EVER BEEN A MEMBER OF THE ARMED SERVICES? <input type="checkbox"/> Yes <input type="checkbox"/> No					
IF YES – PLEASE GIVE DATE OF DISCHARGE: Month: _____ Day: _____ Year: _____.					
ARE YOU RELATED TO A CITY EMPLOYEE OR IS ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED BY THE CITY OF NORTH RIDGEVILLE?					
<input type="checkbox"/> Yes <input type="checkbox"/> No IF YES, PLEASE GIVE THE PERSON'S INFORMATION:					
NAME: _____		RELATIONSHIP TO YOU: _____		DEPARTMENT: _____	
II. DRIVER'S LICENSE:		STATE:	DRIVER'S LICENSE NO.	EXPIRATION DATE:	TYPE: <input type="checkbox"/> Operator <input type="checkbox"/> CDL
III. EDUCATION:		HIGH SCHOOL NAME:		HIGHEST LEVEL COMPLETED:	
HIGH SCHOOL OR G.E.D. COMPLETION DATE:		CITY:		STATE:	ZIP CODE:
PLEASE LIST ANY COURSE WORK OR SPECIALIZED TECHNICAL AND/OR VOCATIONAL TRAINING RELEVANT TO THIS POSITION. ONLY THE COURSE WORK AND/OR TRAINING LISTED WILL BE CONSIDERED IN DETERMINING YOUR ELIGIBILITY.					
<u>TYPE OF TRAINING:</u>		<u>DATE OF COMPLETION:</u>		<u>WHERE TRAINING RECEIVED:</u>	
PLEASE LIST ALL ADDITIONAL FORMAL EDUCATION YOU HAVE RECEIVED. MAKE SURE YOU PROVIDE COMPLETE INFORMATION.					
COLLEGE OR UNIVERSITY – UNDERGRADUATE STUDIES (Name & Address)		MAJOR:	QUARTER HRS. COMPLETED:	SEMESTER HRS. COMPLETED:	
		MINOR:	DEGREE & YEAR:		
COLLEGE OR UNIVERSITY – UNDERGRADUATE STUDIES (Name & Address)		MAJOR:	QUARTER HRS. COMPLETED:	SEMESTER HRS. COMPLETED:	
		MINOR:	DEGREE & YEAR:		

IV. WORK HISTORY:		LIST YOUR MOST RECENT PAID AND VOLUNTEER JOBS RELEVANT TO THIS POSITION. ONLY THOSE JOBS LISTED WILL BE CONSIDERED IN DETERMINING YOUR ELIGIBILITY.		
FROM (MO/DAY/YR):	TITLE OF YOUR MOST RECENT POSITION:	EMPLOYER ORGANIZATION:	BUSINESS PHONE:	
TO (MO/DAY/YR):	MAILING ADDRESS:			
HOURS WORKED PER WEEK:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:			
DESCRIPTION OF DUTIES:				
STARTING SALARY:	LAST SALARY:	REASON FOR LEAVING:		
\$ _____ PER _____.	\$ _____ PER _____.			
FROM (MO/DAY/YR):	TITLE OF YOUR MOST RECENT POSITION:	EMPLOYER ORGANIZATION:	BUSINESS PHONE:	
TO (MO/DAY/YR):	MAILING ADDRESS:			
HOURS WORKED PER WEEK:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:			
DESCRIPTION OF DUTIES:				
STARTING SALARY:	LAST SALARY:	REASON FOR LEAVING:		
\$ _____ PER _____.	\$ _____ PER _____.			
FROM (MO/DAY/YR):	TITLE OF YOUR MOST RECENT POSITION:	EMPLOYER ORGANIZATION:	BUSINESS PHONE:	
TO (MO/DAY/YR):	MAILING ADDRESS:			
HOURS WORKED PER WEEK:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:			
DESCRIPTION OF DUTIES:				
STARTING SALARY:	LAST SALARY:	REASON FOR LEAVING:		
\$ _____ PER _____.	\$ _____ PER _____.			
HAVE YOU HAD ANY PERIODS OF UNEMPLOYMENT DURING THE LAST 5 YEARS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES - FROM: ___/___/___ TO: ___/___/___.				
HAVE YOU EVER WORKED FOR THE CITY OF NORTH RIDGEVILLE? <input type="checkbox"/> Yes <input type="checkbox"/> No				
IF YES - PLEASE GIVE DATES OF EMPLOYMENT: FROM: ___/___/___ TO: ___/___/___.				
DEPARTMENT: _____ CLASSIFICATION: _____ REASON FOR LEAVING: _____.				
LIST MEMBERSHIPS IN PROFESSIONAL-JOB RELATED ORGANIZATIONS:				
LIST ANY ACTIVE PROFESSIONAL, TECHNICAL, OCCUPATIONAL LICENSES OR CERTIFICATES AND REGISTRATIONS YOU NOW HOLD:				
REFERENCES: LIST THREE (3) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS:				
NAME/ADDRESS:	OCCUPATION:	PHONE NO.	YEARS KNOWN:	

IMPORTANT: Employment is subject to verification of an applicant's background. That background investigation may include testing for current usage of drugs and/or controlled substances. Additionally, the City is required by Federal law to verify having seen documents, which the applicant must provide as part of later pre-employment processing that show: (1) the applicant's identity; and (2) the applicant's right to work in the United States.

I hereby certify that I have read all information above, and that to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. IN the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE: _____

DATE: ___/___/___.