



APPLICATION FOR EMPLOYMENT

Print Clearly. Press firmly and answer all questions.

1. Name: _____
Last First Middle
2. Address: _____
Street City County State Zip Code
3. Telephone Number: Home _____ Daytime _____
4. Email Address: _____
5. Have you ever used or been known by any other name(s) including first and maiden/last name? Yes ___ No ___ If yes, please list additional name(s) _____
6. Position applied for: _____
7. When will you be available if offered employment? _____
8. Are you available for: Full-time employment _____ Part-time employment _____
9. Have you worked for the City of Newark, the State of Ohio, or any political subdivision before?
Yes ___ No ___ If yes, when? _____ Which department? _____
10. Do you have legal authorization to work in the United States? Yes ___ No ___
11. Have you ever been terminated or have you resigned in lieu of termination? Yes ___ No ___ If yes, please explain: _____
12. Military Service Information
Branch of Service: _____ Type of Separation: _____
From: _____ To: _____ Highest Rank Achieved: _____
Job Title: _____ Duties: _____

Reserve of National Guard Status: _____
Name, Address, Phone No. of Commander: _____

13. How did you hear about employment opportunities with the City of Newark?
____ Current employee (name): _____ City of Newark website
____ Other website (please specify): _____ Other: _____

14. Employment History:

Account for ALL TIMES for the past TEN years, including periods of unemployment. INDICATE NAME USED IF OTHER THAN SIGNATURE ON THIS APPLICATION. Begin with PRESENT position or occupation. In addition, list any other QUALIFYING experience PRIOR to last 10 years. (If you need more room, USE A SEPARATE SHEET OF PAPER.) A RESUME is both welcomed and urged in addition to completion of this application. It will be an official part of this application.

A. Company Name: _____ Phone: _____

Company Address: _____

Street City State Zip Code

Supervisor's Name: _____ Salary: _____ per _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

Are there any problems with contacting this employer? _____

B. Company Name: _____ Phone: _____

Company Address: _____

Street City State Zip Code

Supervisor's Name: _____ Salary: _____ per _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

Are there any problems with contacting this employer? _____

C. Company Name: _____ Phone: _____

Company Address: _____

Street City State Zip Code

Supervisor's Name: _____ Salary: _____ per _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

Are there any problems with contacting this employer? _____

D. Company Name: _____ Phone: _____

Company Address: _____

Street City State Zip Code

Supervisor's Name: _____ Salary: _____ per _____

Your Title: _____ Date: from mo. _____ yr. _____ to mo. _____ yr. _____

Your Duties: _____

Reason for Leaving: _____

Are there any problems with contacting this employer? _____

15. Education:

Check the highest grade of School completed: 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18

	Dates Attended From To (Mo.Yr.) (Mo.Yr.)	Did You Graduate?	Course Of Study	Give Types of Degree Credits Earned, Or Other Document Awarded
High School _____ Contact _____ Phone No. _____ Address _____ City/State/Zip _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ Contact _____ Phone No. _____ Address _____ City/State/Zip _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
College _____ Contact _____ Phone No. _____ Address _____ City/State/Zip _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		
Other _____ Contact _____ Phone No. _____ Address _____ City/State/Zip _____		<input type="checkbox"/> Yes <input type="checkbox"/> No		

16. Clerical Skills: typing _____ wpm _____; shorthand/notehand _____ wpm _____;
machines _____

17. Current special licenses: (i.e. boiler operator, teacher, chauffeur, etc.)

Ohio Driver's License: Yes _____ No _____ Number: _____

Ohio Commercial Driver's License: Yes _____ No _____ Number: _____

Other: _____ State: _____ Number: _____

Other: _____ State: _____ Number: _____

18. References: Do not use relatives, city employees, or past employers previously listed.

Name	Complete Business or Home Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

19. Additional References: (not required) (i.e. city employees or other excluded in 16)

Name	Complete Business or Home Address	Phone
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

20. Please explain any additional knowledge, skills and abilities not previously discussed which may be of qualifying nature or helpful to you in establishing your eligibility, include projects, hobbies, community or volunteer activities, etc..." exclude those that would indicate race, color, religion, national origin, etc."

21. ATTENTION: READ THE FOLLOWING STATEMENT BEFORE SIGNING THIS DOCUMENT

As an applicant for employment with the City of Newark, Ohio, I understand and agree that the City may make a thorough investigation of my past employment and activities. This investigation may include, but not limited to, a motor vehicle operator, polygraph, psychological test, and police investigation. I hereby release you, your organization or others from any liability or damages which may result from exchange of the information requested.

I also certify that all statements contained herein, or at any step of the employment process are true, complete and correct to the best of my knowledge. I understand a false answer may be grounds for dismissal from employment of the City of Newark.

I acknowledge the City of Newark, Ohio is an equal opportunity employer and encourages all women, minorities, individuals with disabilities, and veterans of the United States Armed Forces to apply. All qualified applicants receive consideration for employment without regard to race, color, religion, gender, gender identity, sexual orientation or national origin, age, disability status, genetic information and testing, family and medical leave, protected veteran status, or any other characteristic protected by law.

Signed

Date

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER