

CITY OF ZANESVILLE, OHIO

EMPLOYMENT APPLICATION FOR THE CLASSIFIED SERVICE

Information Subject to
Public Records Law
ORC 149.43

THE CITY CONSIDERS APPLICANTS FOR POSITIONS WITHOUT REGARD TO DISABILITY, RACE, COLOR, RELIGION, SEX,
NATIONAL ORIGIN, HANDICAP, ANCESTRY, AGE, OR ANY OTHER LEGALLY PROTECTED STATUS.

SECTION 1 – PERSONAL INFORMATION

PRINT

Last Name _____ First Name _____ Middle Initial _____

Street Address _____

City _____ State _____ Zip Code _____

Social Security Number _____ Phone Number _____

Email Address _____

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 all the minimum qualifications are met as specified in the announcement bulletin. Failure to do so may result in the application being disapproved.

MILITARY CREDIT CLAIM

Applicants who have been honorably discharged from active duty in the Armed Forces of the United States are eligible to receive additional credit of 20 percent on their examination in which a **passing score** is obtained. Proof must be submitted on or before the examination date or with application. **NO CREDIT** IS GIVEN IF PROOF IS SUBMITTED **AFTER** THE CIVIL SERVICE EXAMINATION (ORC 124.23).

MILITARY CREDIT: YES NO

POSITION APPLIED FOR:

_____ Job Number _____

Deadline to Apply _____

Application Date _____ Time _____

SECTION 2 – EXPERIENCE

MAY WE CONTACT THE EMPLOYERS LISTED BELOW?

YES

NO

In the areas below, please indicate your past work experience. Beginning with your most recent employment, list the previous jobs which you have held, including a brief description of the job duties performed. If your title and duties changed substantially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach extra sheets if necessary. Major volunteer work may be included as employment; be sure to indicate their volunteer nature, and supply other necessary information.

PRESENT OR MOST RECENT JOB:

Employer's name and address _____

Length of employment **FROM:** mo. _____ yr. _____ **TO:** mo. _____ yr. _____

Reason for leaving _____

Position Title _____ Salary: beginning \$ _____ ending \$ _____

Duties Performed _____

NEXT MOST RECENT JOB:

Employer's name and address _____

Length of employment **FROM:** mo. _____ yr. _____ **TO:** mo. _____ yr. _____

Reason for leaving _____

Position Title _____ Salary: beginning \$ _____ ending \$ _____

Duties Performed _____

Employer's name and address _____

Length of employment **FROM:** mo. _____ yr. _____ **TO:** mo. _____ yr. _____

Reason for leaving _____

Position Title _____ Salary: beginning \$ _____ ending \$ _____

Duties Performed _____

Employer's name and address _____

Length of employment **FROM:** mo. _____ yr. _____ **TO:** mo. _____ yr. _____

Reason for leaving _____

Position Title _____ Salary: beginning \$ _____ ending \$ _____

Duties Performed _____

SECTION 3 – EDUCATION AND TRAINING

EDUCATION – CHECK HIGHEST LEVEL ATTENDED

- HIGH SCHOOL GRADUATE OR G.E.D. (GENERAL EDUCATIONAL DEVELOPMENT)
 - COLLEGE DEGREE – DEGREE RECEIVED _____
 - OTHER CERTIFICATES OR LICENSES. PLEASE SPECIFY _____
(other than driver’s license)
-
-

TRAINING AND OTHER QUALIFICATIONS

CHECK APPROPRIATE BOX.

- BUSINESS
- TECHNICAL
- OTHER

If applying for a clerical position: TYPING SPEED: _____ SHORTHAND SPEED: _____

If you have received TRAINING OR EXPERIENCE in an area which you feel is relevant to the position for which you are applying, please submit the following information (do not include training gained as part of your education as described above):

TYPE OF TRAINING OR EXPERIENCE	ORGANIZATION	LENGTH OF TRAINING OR EXPERIENCE	SUBJECT(S) COVERED

In the area below, please describe briefly any additional information or special qualifications you have for the position requested. Include special machines or equipment you operate, hobbies which have taught you qualifying skills, etc.

SECTION 4 – MISCELLANEOUS

The following information will be used only if it is directly related to the classification or position for which you are applying.

- | | YES | NO |
|---|--------------------------|--------------------------|
| 1. Do you have a valid Ohio driver’s license? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been employed by the City of Zanesville? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Can you perform the job-related requirements of the specific job for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered “YES” to question 2 or “NO” to question 3, please explain fully below, indicating by number to which question you are responding.

EMERGENCY INFORMATION

List the name and address of one person who will always know your whereabouts.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
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REFERENCES

Please list the names and addresses of three individuals, other than relatives, whom we may contact for a personal reference.

NAME	ADDRESS	CITY	STATE	ZIP CODE	PHONE NUMBER
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PREVIOUS ADDRESSES

ADDRESS	CITY	STATE	ZIP CODE	DATES OF RESIDENCE
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ALL APPLICANTS MUST SIGN THIS CERTIFICATE

I certify that all answers to questions on this application and on any supplemental sheets are true to the best of my knowledge and I understand that any deliberate misstatement of fact may cause my forfeiting of all rights to any employment with the City of Zanesville. I hereby grant permission to the City of Zanesville to make the necessary checks and contacts, including police, medical and credit checks, to determine my qualifications for the position for which I have applied.

FULL SIGNATURE OF APPLICANT _____