

Filing Information

Civil Service Commission

Date: Mo: _____ Day _____ Year _____

Time: _____ am _____ pm

Rec'd by _____

Applicant: Do not write in this space

Application for Employment



150 East High Avenue
New Philadelphia, OH 44663
(PLEASE PRINT CLEARLY)

This application should be completed for current openings only. Non-solicited applications are not accepted.

Name _____ Date _____
Last First Middle Initial

Present Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

E-Mail _____ Social Security No. _____

_____ Full Time Part Time Seasonal
Position Applying For

How did you become aware of this position? Web Site Newspaper Friend _____

Were you previously employed by the City of New Philadelphia? Yes No If yes, when and what position(s)?

Are you over the age of 18? Yes No Are you over the age of 21? Yes No
(21 is the minimum age for driving a City vehicle, which is not required for all positions)

Do you possess a valid Ohio Drivers License? Yes No Drivers License No. _____

Are you legally eligible for employment in the United States? Yes No

MILITARY SERVICE RECORD

Were you in the Armed Forces? Yes No If yes, what branch?

Dates of Duty: _____ Rank at Discharge _____

I am requesting bonus credit for military service (if applicable). Yes No (Attach a copy of DD-214).

If you require accommodation of any kind to complete the application process, please notify

Human Resources at New Philadelphia City Hall, 150 East High Avenue, New Philadelphia OH 44663, (330) 364-4491, x1245.

The City of New Philadelphia is an Equal Opportunity Employer, and as such, the City does not discriminate on the basis of race, color, religion, national origin, sex, age, disability, or any other status protected by law. It is our intention and our practice that all qualified applicants are given equal employment opportunity, and that all employment-related decisions, including but not limited to hiring, are based on job-related factors.

WORK EXPERIENCE

Give your employment history below, beginning with the most recent employment and working back. You may attach additional sheets if required.

| | | | |
|--|-----------------------------------|-----------|--|
| 1. <u>Dates of Employment: From</u> | | <u>To</u> | |
| Title or Position | Salary: Beginning | Ending | |
| Name & Address of Employer | Immediate Supervisor/Phone Number | | |
| Reason for Leaving: | | | |
| Description of Duties & Responsibilities | | | |
| 2. <u>Dates of Employment: From</u> | | <u>To</u> | |
| Title or Position | Salary: Beginning | Ending | |
| Name & Address of Employer | Immediate Supervisor/Phone Number | | |
| Reason for Leaving: | | | |
| Description of Duties & Responsibilities | | | |
| 3. <u>Dates of Employment: From</u> | | <u>To</u> | |
| Title or Position | Salary: Beginning | Ending | |
| Name & Address of Employer | Immediate Supervisor/Phone Number | | |
| Reason for Leaving: | | | |
| Description of Duties & Responsibilities | | | |

May we contact the employers listed above? Yes No If not, indicate by number which one(s) you do not wish us to contact. _____

Is your resume included with this application? Yes No

RECORD OF EDUCATION

| School | Name & Address of School | Course of Study | Years Completed | Did You Graduate | List Diploma or Degree |
|---------|--------------------------|-----------------|-----------------|------------------------------|------------------------|
| High | | | 1 2 3 4 | <input type="checkbox"/> Yes | |
| | | | | <input type="checkbox"/> No | |
| | | | | | |
| College | | | 1 2 3 4 | <input type="checkbox"/> Yes | |
| | | | | <input type="checkbox"/> No | |
| | | | | | |
| College | | | 1 2 3 4 | <input type="checkbox"/> Yes | |
| | | | | <input type="checkbox"/> No | |
| | | | | | |
| Other | | | 1 2 3 4 | <input type="checkbox"/> Yes | |
| | | | | <input type="checkbox"/> No | |
| | | | | | |

CERTIFICATIONS, LICENSES & OTHER

What certifications and/or licenses do you currently hold that you feel are relevant to the position for which you are applying?

- | | | |
|--|---|-----------------------|
| OPOTA | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received _____ |
| Physical Agility | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received _____ |
| Emergency Vehicle Drivers | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received _____ |
| Hepatitis Immunization | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received _____ |
| Hazmat Awareness | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received _____ |
| Hazmat Operations | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received _____ |
| PALS | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received _____ |
| BTLS or PHTLS | <input type="checkbox"/> Yes <input type="checkbox"/> No | Date Received _____ |
| Fire Level | <input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 240 hr | Date Received _____ |
| EMT Level | <input type="checkbox"/> Medic | Expiration Date _____ |
| CPR Level | <input type="checkbox"/> Provider <input type="checkbox"/> Instructor | Expiration Date _____ |
| First Aid Level | <input type="checkbox"/> Provider <input type="checkbox"/> Instructor | Expiration Date _____ |
| ACLS | <input type="checkbox"/> Provider <input type="checkbox"/> Instructor | Expiration Date _____ |
| WSI | <input type="checkbox"/> Provider <input type="checkbox"/> Instructor | Expiration Date _____ |
| Life Guard Training | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date _____ |
| Life Guard Instructor | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date _____ |
| CDL <input type="checkbox"/> A or <input type="checkbox"/> B | <input type="checkbox"/> Yes <input type="checkbox"/> No | Expiration Date _____ |

Other:

APPLICANT STATEMENT

► The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements or omissions on this application or during the hiring process shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history, criminal background, and financial and credit record (if applicable) through any investigative or credit agencies or bureaus of your choice.

► In making this application I also understand that information may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.

► **I do hereby understand and agree that:**

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment, regardless of the date on which such misrepresentation or omission is discovered.
2. It is my understanding that the City will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I understand that if I am extended an offer of employment it may be conditioned upon my successfully passing a complete pre-employment physical examination. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job that I am hereafter conditionally offered or, in the future, during my employment with the City.
4. I understand and agree that I will be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post accident) I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its agents, officers or employees from any claim arising in connection with the use of such test(s).
5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: overtime, shift work, or a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of any employment with the City of New Philadelphia.
6. I UNDERSTAND THAT THIS APPLICATION, VERBAL STATEMENTS BY CITY PERSONNEL, OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE AN EXPRESS OR IMPLIED CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE CITY AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT REASON AND WITH OR WITHOUT NOTICE, UNLESS CONTRARY TO LAW.

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law. I further understand that this is an application for employment and that no employment contract is being offered. I have read and understand the above.

Signed _____ Date _____

If under 18, signature of parent _____