



CITY OF SHARONVILLE
 10900 READING ROAD
 SHARONVILLE, OHIO 45241

(513) 563-1144
 (513) 563-0617 (fax)

www.sharonville.org

PLEASE COMPLETE:

JOB TITLE

DEPARTMENT

**APPLICATION
 FOR EMPLOYMENT**
 (civil service non-exempt
 classifications only)

APPLICANT: The City Of Sharonville appreciates your interest in our City and the classification stated above. You will be fairly and equally considered for this position based on your qualifications and the information you provide in this Application For Employment.

The City Of Sharonville is an equal opportunity employer and an affirmative action compliant employer.

PLEASE PRINT PLAINLY – APPLICANT MUST COMPLETE ALL REQUESTED INFORMATION – FAILURE TO PROVIDE ALL REQUESTED INFORMATION MAY DISQUALIFY APPLICANT – THIS APPLICATION FOR EMPLOYMENT MUST BE COMPLETED BY APPLICANT ONLY

Full Name _____

Home Phone (_____) _____ Cell Phone (_____) _____ Best Time To Call _____

Current Address _____ How Long _____
 (include city, state, zip in all addresses)

Previous Address _____ How Long _____

Previous Address _____ How Long _____

Home E-Mail Address (optional) _____ Are You At Least 18 Years Of Age? _____

If you are offered employment, how soon could you start? _____

How did you learn about this vacancy? _____

Have you previously been employed by Sharonville? ___Yes ___No. If yes, dates and classification: _____

Do you have friends or relatives employed by Sharonville? ___Yes ___No. If yes, name(s): _____

Are you legally authorized to work in the United States? ___Yes ___No. (Proof of eligibility to work in the United States will be required prior to employment)

EDUCATION, TRAINING, SKILLS: You may be required to provide proof of diploma, degree, transcripts, licenses, certifications, etc.

LEVEL	SCHOOL NAME AND LOCATION	GRADE COMPLETED	DIPLOMAS OR DEGREES	G P A	FIELDS OF STUDY MAJOR & MINOR
High School		(circle one) 1 2 3 4			
College					
Other					

School activities, sports, offices held, honors, awards, etc. (exclude responses that could indicate sex, age, race, gender, religion, disabilities, etc.)

In addition to formal education, list any training, seminars, certification, trade skills (carpentry, electrical, etc.), computer skills (software, hardware, etc.) office skills, specialized training, other abilities, or any job-related information that may be pertinent to the classification you are applying for.

EMPLOYMENT HISTORY: List ALL employment for the last 15 years in chronological order. Start with your current or most recent position. Use multiple blocks for multiple positions with the same employer. Include any military time. Be sure to explain any gaps in your employment history. A resume can not be attached in lieu of this section. The information you provide in this section will be The City Of Sharonville's record of your experience and ability relative to the position you have applied for. Improper, illegible, or incomplete response to this section may disqualify the candidate.

If currently employed, may we contact your current employer? ____ Yes ____ No. If yes, please provide contact name and phone number below.

Company_____	Position_____
Address_____	Start Date (mm/yy)_____ End Date (mm/yy)_____
City/State/Zip_____	Start Pay \$_____ End Pay \$_____
Phone (include AC)_____	Full Time____ Part Time____ Hours/Week_____
Supervisor's Name_____	May we contact for a reference? Yes____ No____
Supervisor's Phone (_____)_____	Reason For Leaving_____
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

Company_____	Position_____
Address_____	Start Date (mm/yy)_____ End Date (mm/yy)_____
City/State/Zip_____	Start Pay \$_____ End Pay \$_____
Phone (include AC)_____	Full Time____ Part Time____ Hours/Week_____
Supervisor's Name_____	May we contact for a reference? Yes____ No____
Supervisor's Phone (_____)_____	Reason For Leaving_____
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

EMPLOYMENT HISTORY CONTINUED (If you will need additional space, please photocopy this blank page)

Company_____	Position_____
Address_____	Start Date (mm/yy)_____ End Date (mm/yy)_____
City/State/Zip_____	Start Pay \$_____ End Pay \$_____
Phone (include AC)_____	Full Time_____ Part Time_____ Hours/Week_____
Supervisor's Name_____	May we contact for a reference? Yes_____ No_____
Supervisor's Phone (_____)_____	Reason For Leaving_____
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

Company_____	Position_____
Address_____	Start Date (mm/yy)_____ End Date (mm/yy)_____
City/State/Zip_____	Start Pay \$_____ End Pay \$_____
Phone (include AC)_____	Full Time_____ Part Time_____ Hours/Week_____
Supervisor's Name_____	May we contact for a reference? Yes_____ No_____
Supervisor's Phone (_____)_____	Reason For Leaving_____
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

Company_____	Position_____
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City/State/Zip_____	Start Pay \$_____ End Pay \$_____
Phone (include AC)_____	Full Time_____ Part Time_____ Hours/Week_____
Supervisor's Name_____	May we contact for a reference? Yes_____ No_____
Supervisor's Phone (_____)_____	Reason For Leaving_____
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

REFERENCES: List three responsible adults who have knowledge of your personality, work ethic, experience, ability, etc. (do not list relatives)

Name _____ Phone (____) _____ Occupation _____
Complete Address _____

Name _____ Phone (____) _____ Occupation _____
Complete Address _____

Name _____ Phone (____) _____ Occupation _____
Complete Address _____

INTERESTS: In order to better understand your personality and your ability to interact with citizens and co-workers, The City Of Sharonville would appreciate an insight on your interests and activities, both past and present. Please exclude any responses that could indicate age, gender, race, creed, color, religion, national origin, disabilities, handicaps, sexual orientation, political activities, etc.

Memberships (civic, social, youth, professional, extracurricular during school, etc.) _____

Hobbies Or Activities _____

MISCELLANEOUS INFORMATION: Are you currently on lay-off and subject to recall? Yes _____ No _____

Do you have any commitments, agreements, non-compete obligation, etc. with any current or former employer(s)? Yes _____ No _____

Driver license current and valid? Yes _____ No _____ If yes, issuing state _____ number _____ type _____

List all traffic violations (including drug or alcohol related) and chargeable auto accidents for the past ten years (conviction will not necessarily disqualify candidate)

Date: _____ Description _____ Date: _____ Description _____

Date: _____ Description _____ Date: _____ Description _____

Date: _____ Description _____ Date: _____ Description _____

List all non-traffic and non-auto related misdemeanor and/or felony convictions for the past ten years (conviction will not necessarily disqualify candidate)

Date: _____ Description _____ Date: _____ Description _____

ADDITIONAL INFORMATION: Use the following lines to include any additional information that would not fit in the space provided elsewhere in this application, or information that you would like to provide the City Of Sharonville concerning your qualifications for the position that you are applying for.

APPLICANT'S AGREEMENT AND CERTIFICATION

APPLICANT: PLEASE READ ALL FOLLOWING STATEMENTS CAREFULLY. INDICATE YOUR UNDERSTANDING AND YOUR ACCEPTANCE OF ALL FOLLOWING STATEMENTS BY PLACING YOUR SIGNATURE BELOW.

1. I certify that all information and documents provided by me within and/or append to this Application For Employment or in connection with the employment application, interview, and pre-employment process are and will be true, complete, and accurate to the best of my knowledge.
2. I also understand that any and all documents required by the advertisement for the classification for which I am applying must be attached to this Application For Employment. I also understand that I can not submit any documentation after the deadline for submission of this Application For Employment.
3. I also understand that I must arrive at any location for any phase of the testing and employment process no later than the designated time of such test or employment process. I also understand that my failure or refusal to arrive at any testing or employment process prior to the designated time may preclude me from further participation in the testing, interview, and pre-employment process.
4. If I require any special accommodations for any phase of the testing procedure, I also understand that I must attach a separate written request and specific description of the requested accommodation to this Application For Employment.
5. I also understand that I may be required to and will participate in any interviews, tests, examinations, drug and/or alcohol screenings, physical and or psychological examinations, and/or procedures that may be required during the pre-employment process, and that a final offer of employment will be based on successful and acceptable results.
6. I also understand that my failure or refusal to comply with all requirements of the official advertisement for the position that I am applying for, including but not limited to the deadline for application, attachment of all required documents to this Application For Employment, timely arrival for testing or other phases of the pre-employment process, and/or compliance with any age, education, certification, residency, or other requirements, will disqualify me for further consideration for employment.
7. I also understand that any misstatement, falsification, misrepresentation, or intentional omission of any information within this Application For Employment and/or any attachments thereto, or during the application, interview, and pre-employment process may disqualify me for further consideration for employment, or may be considered just cause for the termination of my employment if I am hired.
8. I also understand that this Application For Employment and all attachments will be retained by the City Of Sharonville for the duration of any eligibility list posted by the Sharonville Civil Service Commission, after which time I would be required to reapply in accordance with all applicable provisions of the Ohio Revised code and/or the Rules And Regulations of the Sharonville Civil Service Commission.
9. My signature below authorizes The City Of Sharonville to conduct an investigation of my background relative to my driving record, convictions, workers' compensation claims, credit history, educational background, and/or any other relative information that is not protected by law from disclosure.
10. Unless otherwise indicated, I authorize any of the persons or organizations that I have named in this Application For Employment to provide The City Of Sharonville with any and all information concerning my previous employment, education, and/or any other information that they might have, personal or otherwise, with regard to any of the subjects included in this Application For Employment or relative to my qualifications for employment. I also understand that such information may include, but not limited to, performance evaluation and reports, job descriptions, disciplinary actions, and/or opinions regarding my suitability for the job classification for which I have applied.
11. I voluntarily and knowingly, fully release and discharge, absolve, indemnify, and hold harmless the City Of Sharonville, the Sharonville Civil Service Commission, any former employer, any person, firm, corporation, school or educational institute, and/or governmental agency, as well as any officers, employees, and/or agents of the aforementioned persons or entities for all and any claims, liability, demands, cause of action, damages, and/or costs, including, but not limited to, attorney's fees, present and future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release of any or all such information to the City Of Sharonville, its agents, or any consumer reporting agency.

SIGNATURE OF APPLICANT _____

DATE OF SIGNATURE _____

IMPORTANT: It is the responsibility of the applicant to assure that this Application For Employment and all attachments are delivered to and time receipt stamped by the designated employee of the City Of Sharonville prior to the advertised deadline. If any applicant chooses to submit any Application For Employment by electronic transmission or by any manner other than his/her hand delivery, the City Of Sharonville and the Civil Service Commission of the City Of Sharonville can not assure that such Application is received or is timely received.