



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 _____ Alternate _____

4. A. Social Security Number: _____ B. Email: _____

5. For which position, or type of work, are you applying? A. _____
B. _____ C. _____

6. When will you be available? _____

7. Are you available for: Permanent employment _____ Part-time employment _____

8. Have you worked for the City of Newark, the State of Ohio, or any political subdivision before?
Yes _____ No _____ If yes, when? _____ Which department? _____

9. Do you have legal authorization to work in the United States? Yes _____ No _____

10. Whom shall we contact in case of emergency? Name _____
Address: _____ Phone: _____

11. 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: _____

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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? _____

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Circle 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		

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

15. 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: _____

16. **REFERENCES** Do not use relatives, city employees, or past employers previously listed.

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

17. **ADDITIONAL REFERENCES:** (not required) (i.e. city employees or other excluded in 16).

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

18. 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."

ATTENTION: READ THE FOLLOWING 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 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.

Signed

Date

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER