

**CITY OF NORTH RIDGEVILLE, OHIO**  
**EMPLOYMENT APPLICATION**  
*“An Equal Opportunity Employer”*

<b>I. PERSONAL INFORMATION:</b>		POSITION APPLYING FOR:			
SOCIAL SECURITY NUMBER:		NAME (Last, First, Middle):			
MAILING ADDRESS (Number and Street):		(Apartment Number/P.O. Box):			
CITY:		STATE:	ZIP CODE:	COUNTY:	
AREA CODE/HOME PHONE:	AREA CODE/BUSINESS PHONE:		MAY WE CONTACT YOU AT YOUR BUSINESS NUMBER? Yes <input type="checkbox"/> No <input type="checkbox"/>		
HOW LONG HAVE YOU LIVED AT THIS ADDRESS? Years: _____		Months: _____			
PREVIOUS ADDRESS (Number and Street, City, State, and Zip Code):					
HAVE YOU EVER BEEN A MEMBER OF THE ARMED SERVICES? Yes <input type="checkbox"/> No <input type="checkbox"/>					
IF YES - PLEASE GIVE DATE OF DISCHARGE: Month: _____ Day: _____ Year: _____					
SINCE YOUR 18TH BIRTHDAY, HAVE YOU EVER PLED GUILTY TO, OR BEEN FOUND GUILTY OF ANY OFFENSE OTHER THAN MINOR TRAFFIC OFFENSES? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, PLEASE GIVE:					
NATURE OF OFFENSE: _____		DISPOSITION OF CASE: _____		COURT: _____ DATE: ___/___/___	
NATURE OF OFFENSE: _____		DISPOSITION OF CASE: _____		COURT: _____ DATE: ___/___/___	
NOTE: A conviction does not automatically mean you cannot be employed by the City. The nature of the offense, how long ago it occurred, etc., are given consideration.					
ARE YOU RELATED TO A CITY EMPLOYEE, OR IS ANY MEMBER OF YOUR HOUSEHOLD EMPLOYED BY THE CITY OF NORTH RIDGEVILLE? Yes: <input type="checkbox"/> No: <input type="checkbox"/> IF YES - PLEASE GIVE THE PERSON:					
NAME: _____		RELATIONSHIP TO YOU: _____		DEPARTMENT: _____	
<b>II. DRIVERS LICENSE:</b>		STATE:	DRIVER'S LICENSE NO:	EXPIRATION DATE:	TYPE: <input type="checkbox"/> Operator <input type="checkbox"/> CDL
<b>III. EDUCATION:</b>		HIGH SCHOOL NAME:		HIGHEST LEVEL COMPLETED:	
HIGH SCHOOL OR G.E.D. COMPLETION DATE:	CITY:	STATE:	ZIP CODE:		
PLEASE LIST ANY COURSE WORK OR SPECIALIZED TECHNICAL AND/OR VOCATIONAL TRAINING RELEVANT TO THIS POSITION. ONLY THE COURSE WORK AND/OR TRAINING LISTED WILL BE CONSIDERED IN DETERMINING YOUR ELIGIBILITY.					
<u>TYPE OF TRAINING:</u>		<u>DATE OF COMPLETION:</u>		<u>WHERE TRAINING RECEIVED:</u>	
PLEASE LIST ALL ADDITIONAL FORMAL EDUCATION YOU HAVE RECEIVED. MAKE SURE YOU PROVIDE COMPLETE INFORMATION.					
COLLEGE OR UNIVERSITY - UNDERGRADUATE STUDIES: (Name & Address)		MAJOR:		QUARTER HRS. COMPLETED:	SEMESTER HRS. COMPLETED:
		MINOR:		DEGREE & YEAR:	
COLLEGE OR UNIVERSITY - GRADUATE STUDIES: (Name & Address)		MAJOR:		QUARTER HRS. COMPLETED:	SEMESTER HRS. COMPLETED:
		MINOR:		DEGREE & YEAR:	

<b>IV. WORK HISTORY:</b>		<b>LIST YOUR MOST RECENT PAID AND VOLUNTEER JOBS RELEVANT TO THIS POSITION. ONLY THOSE JOBS LISTED WILL BE CONSIDERED IN DETERMINING YOUR ELIGIBILITY.</b>	
FROM (MO/DAY/YR):	TITLE OF YOUR MOST RECENT POSITION:	EMPLOYER ORGANIZATION:	BUSINESS PHONE:
TO (MO/DAY/YR):	MAILING ADDRESS:		
HOURS WORKED PER WEEK:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:		
DESCRIPTION OF DUTIES:			
STARTING SALARY: \$ _____ PER _____	LAST SALARY: \$ _____ PER _____	REASON FOR LEAVING:	
FROM (MO/DAY/YR):	TITLE OF YOUR MOST RECENT POSITION:	EMPLOYER ORGANIZATION:	BUSINESS PHONE:
TO (MO/DAY/YR):	MAILING ADDRESS:		
HOURS WORKED PER WEEK:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:		
DESCRIPTION OF DUTIES:			
STARTING SALARY: \$ _____ PER _____	LAST SALARY: \$ _____ PER _____	REASON FOR LEAVING:	
FROM (MO/DAY/YR):	TITLE OF YOUR MOST RECENT POSITION:	EMPLOYER ORGANIZATION:	BUSINESS PHONE:
TO (MO/DAY/YR):	MAILING ADDRESS:		
HOURS WORKED PER WEEK:	NAME AND TITLE OF IMMEDIATE SUPERVISOR:		
DESCRIPTION OF DUTIES:			
STARTING SALARY: \$ _____ PER _____	LAST SALARY: \$ _____ PER _____	REASON FOR LEAVING:	
HAVE YOU HAD ANY PERIODS OF UNEMPLOYMENT DURING THE LAST 5 YEARS?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES -- FROM: ____/____/____ TO: ____/____/____			
HAVE YOU EVER WORKED FOR THE CITY OF NORTH RIDGEVILLE?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
IF YES -- PLEASE GIVE DATES OF EMPLOYMENT:    FROM: ____/____/____ TO: ____/____/____			
DEPARTMENT: _____ CLASSIFICATION: _____ REASON FOR LEAVING: _____			
LIST MEMBERSHIPS IN PROFESSIONAL, JOB RELATED ORGANIZATIONS:			
LIST ANY ACTIVE PROFESSIONAL, TECHNICAL, OCCUPATIONAL LICENSES OR CERTIFICATES AND REGISTRATIONS YOU NOW HOLD:			
<b>REFERENCES: LIST THREE (3) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS:</b>			
NAME/ADDRESS:	OCCUPATION:	PHONE NO:	YEARS KNOWN:

**IMPORTANT:** Employment is subject to verification of an applicant's background. That background investigation may include testing for current usage of drugs and/or controlled substances. Additionally, the City is required by Federal law to verify having seen documents, which the applicant must provide as part of later pre-employment processing, that show: (1) the applicant's identity; and (2) the applicant's right to work in the United States.

I hereby certify that I have read all information above, and that to the best of my knowledge and belief, all statements made herein or attached are complete and accurate. In the event of employment, I understand that false or misleading information given in my application or interview may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_