



Driver's License \_\_\_\_\_  
(Number) (State) (Exp. Date)

Type \_\_\_\_\_  
(CDL) (Class)

Have you ever been a member of the Armed Services?

Yes No

If yes, please give date of discharge. \_\_\_\_\_  
(Month) (Day) (Year)

A criminal record does not necessarily preclude an applicant from consideration for employment; an individual assessment of an applicant's criminal record will be made before excluding an applicant from consideration. However, Section 2961.02 of the Ohio Revised Code disqualifies individuals who pleaded guilty to, or were convicted of, certain felonies involving fraud, deceit or theft from holding a position that has substantial management or control over the property of the City.

Are you related to a City employee or is any member of your household employed by the City?

Yes No

If yes, please share the following information:

\_\_\_\_\_  
(Name) (Relationship to You) (Department)

## EDUCATION

High School \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(City) (State) (Zip Code)

Highest Level Completed

9 10 11 12 GED

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.

Type of Training	Where Training was Received	Date of Completion

List all additional formal education you have received. Please be sure to provide complete information.

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College or University - Undergraduate Studies

\_\_\_\_\_

(Name)

\_\_\_\_\_

(City)

(State)

(Zip Code)

Major(s) \_\_\_\_\_

Minor(s) \_\_\_\_\_

Degree(s) \_\_\_\_\_

(Name)

(Year)

Quarter Hours Completed \_\_\_\_\_ Semester Hours Completed \_\_\_\_\_

College or University - Graduate Studies

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(City) (State) (Zip Code)

Major \_\_\_\_\_

Degree \_\_\_\_\_  
(Name) (Year)

Quarter Hours Completed \_\_\_\_\_ Semester Hours Completed \_\_\_\_\_

## WORK HISTORY

List your most recent paid and volunteer jobs relevant to this position. Only those jobs listed will be considered in determining your eligibility.

1. Current or Most Recent Employer:

Dates of Employment \_\_\_\_\_  
(From) (To)

Title of Position \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Supervisor/Title \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_

Duties of Job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Last Salary \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Employer:

Dates of Employment \_\_\_\_\_  
(From) (To)

Title of Position \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_  
\_\_\_\_\_

Phone \_\_\_\_\_ Supervisor/Title \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_

Duties of Job \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Last Salary \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Employer:

Dates of Employment \_\_\_\_\_  
(From) (To)

Title of Position \_\_\_\_\_

Name and Address of Employer \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Supervisor/Title \_\_\_\_\_

Hours Worked Per Week \_\_\_\_\_

Duties of Job \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Starting Salary \_\_\_\_\_ Per \_\_\_\_\_ Last Salary \_\_\_\_\_ Per \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you had any periods of unemployment during the last five (5) years? Yes No

If yes \_\_\_\_\_  
(From) (To)



References: List three (3) personal references who are not relatives or former employers

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(House Number) (Street) (Apt. No./P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(House Number) (Street) (Apt. No./P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone \_\_\_\_\_

Occupation \_\_\_\_\_ Years Known \_\_\_\_\_

Name \_\_\_\_\_  
(Last) (First) (Middle)

Address \_\_\_\_\_  
(House Number) (Street) (Apt. No./P.O. Box)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Phone \_\_\_\_\_

Occupation \_\_\_\_\_ 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 \_\_\_\_\_

# DISCLOSURE UNDER FAIR CREDIT REPORTING ACT AND CONSENT TO PROCUREMENT OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

I, the undersigned, hereby authorize the City of Aurora, its insurance agency or its assigns, to obtain copies of consumer reports including a motor vehicle report, pertaining to me for employment purposes and for use in rating and/or underwriting insurance for which the above-named employer may apply, and any renewal thereof. I understand that in obtaining such consumer reports, a consumer reporting agency may be used and I do hereby authorize such use.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

Please return with completed application.

# WORKPLACE STATISTICS SURVEY (Completion is Voluntary)

The data requested on this sheet will be kept strictly confidential and will NOT be part of any personnel or job applicant records. The information will be accessible only to the Equal Employment Opportunity Officer/Human Resources Director and is being gathered in compliance with Federal Equal Employment Opportunity regulations (EEOC-www.eeoc.gov). It will assist us in evaluating the City's progress in providing equal job opportunities to all applicants. Thank you for your cooperation!

(PLEASE PRINT)

Name \_\_\_\_\_  
(Last) (First) (Middle)

Male Female

Age \_\_\_\_\_ Educational Level \_\_\_\_\_

Race/Ethnic Group  Caucasian  Black/African American  Hispanic/Latino  
 Native American  Asian/Pacific Islander  Other

Position Applied for \_\_\_\_\_

Do you have a condition or disability that precludes you from performing the position for which you have applied?

Yes No

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Referral Source  Friend  City Website  Relative  
 Internet - Website \_\_\_\_\_  
 Advertisement-List \_\_\_\_\_  
Source