

DO NOT CALL TO CHECK ON YOUR STATUS! YOU WILL BE CONTACTED AT THE APPROPRIATE TIME.

PLEASE BE SURE TO ANSWER EACH QUESTION CORRECTLY AND MORE IMPORTANTLY TRUTHFULLY.

In previous recruitment processes, applicants have provided false answers to various questions on the application. As a result, they were later disqualified at the interview phase of the process for FALSIFYING THE APPLICATION!!!!!!!!!!!!!!

If you have been fired or discharged from a previous employer, indicate that on the application. This is one of the most popular questions where individuals tend to indicate the incorrect answer. You can always explain why the event occurred during the interview.

Again, if you indicate the wrong answer, YOU WILL BE DISQUALIFIED!!!

PLEASE INITIAL: _____

City of Springdale
EMPLOYMENT APPLICATION

Please answer all questions correctly and accurately. All Statements in your application are subject to verification. An incorrect statement may bar or remove you from employment. Please use typewriter or print. Application may be returned to the City of Springdale, 11700 Springfield Pike, Springdale, OH 45246.

NAME	FIRST	MIDDLE	LAST	POSITION APPLIED FOR
MAILING ADDRESS Street				TELEPHONE
		City	State	Zip
				Home
				Business
Applicants for non-civilian positions: Are you between 21 and 64 years of age?			Applicants for all other positions: Are you over 18 years of age?	
YES NO			YES NO	
Email Address:		Alternate Email Address:		
HAVE YOU EVER BEEN IN THE ARMED FORCES? (Circle One)			YES NO	
Branch		Active Duty Dates	Specialty	
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION? (Circle One)				YES NO
If yes, please explain:				
MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS AND CHARACTER? (Circle One)				
YES		NO		
EDUCATION Circle Highest Grade Completed	NAME AND LOCATION OF SCHOOL			DID YOU GRADUATE?
1 2 3 4 5 6 7 8 9 10 11 12				YES NO
COLLEGES OR UNIVERSITIES ATTENDED	DATES ATTENDED	DEGREE	MAJOR	SEMESTER HOURS COMPLETED
HAVE YOU PASSED THE HIGH SCHOOL EQUIVALENCY TEST (G.E.D.) (Circle One)			YES NO	
IF YES-DATE PASSED _____			STATE AWARDED _____	
LIST ANY LICENSES OR PROFESSIONAL CERTIFICATES WHICH YOU HOLD WHICH ARE APPLICABLE TO THIS POSITION:				
DRIVERS LICENSE				
State Issued By		Number	Expiration Date	Type

EXPERIENCE: List your five most recent employments's, beginning with your present or most recent experience.

From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Why do you want to leave?		Number Supervised	Avg. Hrs./Week	Salary
From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Reason for leaving		Number Supervised	Avg. Hrs./Week	Salary
From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Reason for leaving		Number Supervised	Avg. Hrs./Week	Salary
From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Reason for leaving		Number Supervised	Avg. Hrs./Week	Salary
From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Reason for leaving		Number Supervised	Avg. Hrs./Week	Salary

GIVE ANY ADDITIONAL INFORMATION COVERING YOUR QUALIFICATIONS FOR THIS POSITION.

I certify that all statements made in this application are true and complete, and that any mis-statements of material fact will subject me to disqualification or dismissal.

Signature

Date.

