

# Employment Application

Please answer all questions correctly and accurately. All statements in your application are subject to verification. An incorrect statement may bar you from employment. If handwriting, please print legibly. Completed application packets must be emailed to [human-resources@springdale.org](mailto:human-resources@springdale.org) or mailed to City of Springdale, 11700 Springfield Pike, Springdale, OH 45246. They may also be dropped off in person at the Springdale Municipal Building.

## PERSONAL

NAME (FIRST MIDDLE LAST):		POSITION APPLYING FOR:	
MAILING ADDRESS (STREET CITY STATE ZIP CODE):		TELEPHONE:	
		ALT. TELEPHONE:	
SWORN POSITION APPLICANT (POLICE OFFICER): ARE YOU BETWEEN 21 AND 64 YEARS OF AGE? YES NO		NON-SWORN POSITION: ARE YOU OVER 18 YEARS OF AGE? YES NO	
EMAIL ADDRESS:		ALT. EMAIL ADDRESS:	
DRIVER'S LICENSE (STATE/ NUMBER/EXPIRATION DATE/CLASS):			

## Education

HIGH SCHOOL:	ADDRESS:	DID YOU GRADUATE? YES NO
		IF NO, LIST HIGHEST GRADE COMPLETED:
HAVE YOU PASSED THE HIGH SCHOOL EQUIVALENCY TEST (GED): YES NO		
IF YES, DATE:		STATE:
COLLEGE/TECHNICAL SCHOOL:	FIELD OF STUDY:	HOURS/SEMESTERS COMPLETED
		DID YOU GRADUATE? YES NO
ADDITIONAL POST-SECONDARY EDUCATION:	FIELD OF STUDY:	HOURS/SEMESTERS COMPLETED
		DID YOU GRADUATE? YES NO
ADDITIONAL POST-SECONDARY EDUCATION:	FIELD OF STUDY:	HOURS/SEMESTERS COMPLETED
		DID YOU GRADUATE? YES NO
LIST ANY ADDITIONAL PROFESSIONAL LICENSES OR CERTIFICATIONS:		

## Experience

HAVE YOU EVER SERVED AS A MEMBER OF THE ARMED SERVICES? YES NO			
BRANCH:	DATES SERVED:	SPECIALTY:	DISCHARGE TYPE:

HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION? YES NO	
IF YES, EXPLAIN:	

MAY WE CONTACT YOUR CURRENT EMPLOYER(S) RELATIVE TO YOUR QUALIFICATIONS AND CHARACTER? YES NO

DATES: TO		POSITION HELD:	DUTIES:
EMPLOYER (NAME AND ADDRESS)			
TELEPHONE:			SUPERVISOR (INCLUDE TITLE):
NUMBER SUPERVISED:	AVERAGE HOURS PER WEEK:	SALARY:	REASON FOR LEAVING:

DATES: TO		POSITION HELD:	DUTIES:
EMPLOYER (NAME AND ADDRESS)			
TELEPHONE:			SUPERVISOR (INCLUDE TITLE):
NUMBER SUPERVISED:	AVERAGE HOURS PER WEEK:	SALARY:	REASON FOR LEAVING:

DATES: TO		POSITION HELD:	DUTIES:
EMPLOYER (NAME AND ADDRESS)			
TELEPHONE:			SUPERVISOR (INCLUDE TITLE):
NUMBER SUPERVISED:	AVERAGE HOURS PER WEEK:	SALARY:	REASON FOR LEAVING:

DATES: TO		POSITION HELD:	DUTIES:
EMPLOYER (NAME AND ADDRESS)			
TELEPHONE:			SUPERVISOR (INCLUDE TITLE):
NUMBER SUPERVISED:	AVERAGE HOURS PER WEEK:	SALARY:	REASON FOR LEAVING:

LIST ANY SPECIFIC QUALIFICATIONS THAT YOU POSSESS RELATIVE TO THE POSITION THAT YOU ARE APPLYING FOR:

I CERTIFY THAT ALL STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE AND THAT ANY MIS-STATEMENTS OF MATERIAL WILL SUBJECT ME TO DISQUALIFICATION OR DISMISSAL FROM THE HIRING PROCESS.

APPLICANT'S SIGNATURE:	DATE:
------------------------	-------

City of Springdale

# Employment Application

Importance of Truthfulness in Completing your Employment Application

NAME (FIRST MIDDLE LAST):	POSITION APPLYING FOR:
---------------------------	------------------------

The importance of you being completely truthful in the completion of your Employment Application with the City of Springdale cannot be overstated. In previous recruitment processes, applicants have provided false information or purposefully omitted information in various sections of the application. Those applicants that provided false information, or purposefully omitted information, have been disqualified from continuing on in the hiring process for falsifying their application.

If you have ever been discharged (fired) or forced to resign from a position, indicate that on your application. Being discharged (fired) or forced to resign from a position will not automatically cause you to be disqualified from continuing in the process. Lying about it, or concealing it, WILL cause you to be disqualified from the process.

Should you have a discharge (firing), or forced resignation, in your work history, you will be given an opportunity to explain the circumstances concerning the discharge at your interview.

Please do not call to check on the status of the process. You will be contacted at the appropriate time.

APPLICANT'S SIGNATURE:	DATE:
------------------------	-------

City of Springdale

# Employment Application

## Equal Employment Opportunity Data Form

The following requested information in no way affects you as an individual or employee. The information is used to evaluate:

1. *The effectiveness of the City's recruitment efforts in reaching all segments of the population.*
2. *The validity of the City's selection methods.*
3. *The objectivity of the City's employment practices.*

NAME (FIRST MIDDLE LAST) <b>OPTIONAL:</b>	POSITION APPLYING FOR:
---	------------------------

**Gender:** Male      Female

**Please select one of the following Equal Employment Opportunity categories:**

Hispanic or Latino: *a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.*

White: *a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.*

Black or African American: *a person having origins in any of the black racial groups of Africa.*

Asian: *a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent.*

Native Hawaiian or Other Pacific

Islander: *a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.*

American Indian or Alaska Native: *a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.*

Two or More Races: *a person who primarily identifies with two or more of the above race/ethnicity categories.*

**Are you physically disabled?** Yes      No

**If Yes, please describe your disability:** \_\_\_\_\_

**Referral Source:**

Print Advertisement \_\_\_\_      Relative \_\_\_\_      Employment Agency \_\_\_\_

Walk-in \_\_\_\_      Employee \_\_\_\_      Friend \_\_\_\_

Social media \_\_\_\_      Student Assistance \_\_\_\_      Other \_\_\_\_

If Other, please list: \_\_\_\_\_