

# CITY OF COLUMBIANA

## APPLICATION FOR EMPLOYMENT

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

Name:	_____	_____	_____
	LAST	FIRST	MIDDLE
Address:	_____	_____	_____
	STREET	CITY	STATE ZIP CODE
Telephone:	_____	Social Security Number:	_____
Application Date:	_____	Veteran: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service _____
Are you legally permitted to work in the United States?	<input type="checkbox"/> Yes <input type="checkbox"/> No		

### PERSONAL DATA

Position(s) desired: \_\_\_\_\_ Full-Time  Part-Time

Date available to start? \_\_\_\_\_

Have you previously applied for a job with the City? Yes  No  When: \_\_\_\_\_

Have you ever been employed by the City? Yes  No  When: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Are you related to anyone employed by the City? Yes  No

State name and relationship: \_\_\_\_\_

Do you have any time commitments that might interfere with your employment? Yes  No

If yes, please explain \_\_\_\_\_

Have you ever been employed by another public employer in Ohio? Yes  No

If yes, provide place and dates of service \_\_\_\_\_

Have you ever been dismissed from or asked to resign from any employment position? Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been convicted of a crime (felony or misdemeanor) other than a minor traffic violation? Yes  No

If yes, please explain: \_\_\_\_\_

If the job posting listed a driver's license or commercial driver's license as required for the job, please answer the following:

- Do you have a valid Ohio driver's license? Yes  No
- Do you presently have or are you able to obtain a valid Ohio commercial driver's license? Yes  No
- Has your driver's license been suspended or revoked within the last three (3) years? Yes  No
- Have you had any traffic violations in the past three (3) years? Yes  No

If yes, please list:

<u>OFFENSE</u>	<u>APPROXIMATE DATE/YEAR</u>
_____	_____
_____	_____
_____	_____

If employed, why do you wish to leave your present employer?

\_\_\_\_\_

\_\_\_\_\_

May we contact your present employer for a reference? Yes  No

Describe briefly the type of work which you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

\_\_\_\_\_

\_\_\_\_\_

List professional organization memberships and offices held, **excluding** those which would indicate race, color, religion, sex, age, national origin, political affiliation, disability and/or ancestry:

\_\_\_\_\_

\_\_\_\_\_

### EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER SCHOOLS ATTENDED				
OTHER (SPECIFY)				

### EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order - last position first - including U.S. Military. Attach additional pages if needed or resume if desired.

EMPLOYER		TELEPHONE
ADDRESS		FINAL/CURRENT SALARY
DATES EMPLOYED FROM                      TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM                      TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM                      TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

### PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

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Applicants for employment with the City of Columbiana are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

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**CERTIFICATION**

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

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APPLICANT'S SIGNATURE

DATE

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Applicants must submit a new application for consideration for a new position.

**FOR INTERNAL USE ONLY**

ARRANGE INTERVIEW:

YES? No?

REMARKS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEWER'S SIGNATURE

DATE

EMPLOYED: YES  NO  STARTING DATE: \_\_\_\_\_

STARTING RATE: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

City of Columbiana  
28 West Friend Street  
Columbiana, OH 44408