

CITY OF NORTH RIDGEVILLE, OHIO
EMPLOYMENT APPLICATION
"An Equal Opportunity Employer"

I. PERSONAL INFORMATION:		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: _____			
II. DRIVERS LICENSE:		STATE:	DRIVER'S LICENSE NO:	EXPIRATION DATE:	TYPE: <input type="checkbox"/> Operator <input type="checkbox"/> CDL
III. EDUCATION:		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.					
TYPE OF TRAINING:		DATE OF COMPLETION:		WHERE TRAINING RECEIVED:	
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:		

IV. 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.	
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:	LAST SALARY:	REASON FOR LEAVING:	
\$ _____ PER _____	\$ _____ PER _____		
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:	LAST SALARY:	REASON FOR LEAVING:	
\$ _____ PER _____	\$ _____ PER _____		
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:	LAST SALARY:	REASON FOR LEAVING:	
\$ _____ PER _____	\$ _____ PER _____		
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:	LAST SALARY:	REASON FOR LEAVING:	
\$ _____ PER _____	\$ _____ PER _____		
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:			
REFERENCES: LIST THREE (3) PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER EMPLOYERS:			
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: ____/____/____



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with division (A)(2)(b) of section 2909.32 of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
 Yes No

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization.

X _____
Signature

Date