Date:\_\_\_\_\_

Department of Interest\_\_\_\_\_

|                         |  | CITY OF Y<br>26 SOUTH PHELPS | OR EMPLOYMEN<br>OUNGSTOWN<br>S STREET, CITY HALL<br>WN, OHIO 44503 |           |                        |                                     |  |
|-------------------------|--|------------------------------|--|-----------|------------------------|-------------------------------------|--|
| TRUTHFU                 | GIBILITY WILL BE DETERMINED BY<br>LLY AND COMPLETELY MAY JEOP<br>L AFTER EMPLOYMENT. PLEASE WR   | ARDIZE YOUR OPPO             | ORTUNITY FOR EMPLOYM   | MENT OR 1 | MAY CON                | STITUTE GROUNDS FO                  |  |
|                         | LAST NAME:   | FIRST NAME                   |  |           | MIDDLE INITIAL         |                                     |  |
| GENERAL INFORMATION     | PRESENT STREET ADDRESS:  |                              |  |           | SOCIAL SECURITY NUMBER |                                     |  |
|                         | СІТҮ   |                              | STATE  |           | ZIP CODE               |                                     |  |
| AL IN                   | TELEPHONE NO.  |                              | CELL/MOBILE TELEPHONE (OPTIONAL)                                   |           |                        | J A U.S. CITIZEN?                   |  |
| GENER                   | ()       ()       YESNO         ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES?       Yes       No         ARE YOU A MEMBER OF AN OHIO RETIREMENT SYSTEM?       Yes       No         IF YES, ID#       BRANCH       BRANCH |                              |  |           |                        |                                     |  |
|                         | HIGH SCHOOL NAME       LOCATION         DID YOU GRADUATE? YES       NO       G.E.D. CERTIFICATE? YES       NO  |                              |  |           |                        |                                     |  |
| EDUCATION               | COLLEGE, VOCATIONAL,<br>TRADE, OR BUSINESS<br>SCHOOLS  | LOCATION                     | DATES<br>ATTENDED<br>Mo. /Yr. to Mo./Yr.                           | MAJ       | OR                     | TYPE OF<br>DEGREE OR<br>CERTIFICATE |  |
| QUALIFICATIONS          | LIST ANY SPECIAL QUALIFICATIONS OR LICENSES (PLEASE INCLUDE CDL LICENSE).         TYPE OF LICENSES   |                              |  |           |                        |                                     |  |
| PERSONAL<br>INFORMATION | Do you have any commitments (i.e. second job, school, etc) which might interfere with or adversely affect your employment should we select you for a position?   Yes  No If yes, please explain.                                   |                              |  |           |                        |                                     |  |
|                         | Please list any additional training, skills, abilities, hobbies, volunteer work, etc. that may be helpful in the evaluation of your application.   |                              |  |           |                        |                                     |  |
|                         | Do you have friends or relatives who presently work for the City? □ Yes □ No<br>If yes, is that person an administrator or a supervisor?   |                              |  |           |                        |                                     |  |

| MILITARY                  | Have you ever served in the U.S. Armed Forces?       Yes No         Branch of Military Service Dates Served: From To         Did you serve at least 180 days of consecutive Active Duty Service? Yes No         If yes, were you honorably discharged? Yes No         Present Reserve Status: Active Inactive |            |  |  |  |  |  |  |
|---------------------------|---|------------|--|--|--|--|--|--|
|                           | LIST YOUR EMPLOYMENT RECORD BEGINNING WITH YOUR MOST RECENT POSITION. INCLUDE<br>PERIODS OF UNEMPLOYMENT. IF MORE SPACE IS NEEDED, ATTACH A SEPARATE SHEET.   |            |  |  |  |  |  |  |
|                           | WOULD YOU OBJECT TO THE CITY CONTACTING YOUR PRESENT EMPLOYER? YES NO   |            |  |  |  |  |  |  |
| IENCE                     | MONTH YEAR MONTH YEAR   | EMPLOYER   | YOUR TITLE AND DUTIES                                |  |  |  |  |  |
|                           |   | ADDRESS    |  |  |  |  |  |  |
|                           |   | PHONE NO.  |  |  |  |  |  |  |
|                           |   | SUPERVISOR | REASON FOR LEAVING                                   |  |  |  |  |  |
|                           | MONTH YEAR MONTH YEAR   | EMPLOYER   | YOUR TITLE AND DUTIES                                |  |  |  |  |  |
|                           |   | ADDRESS    |  |  |  |  |  |  |
| PEF                       |   | PHONE NO.  |  |  |  |  |  |  |
| EMPLOYMENT AND EXPERIENCE | HRS. WEEK SALARY  | SUPERVISOR | REASON FOR LEAVING                                   |  |  |  |  |  |
|                           | MONTH YEAR MONTH YEAR   | EMPLOYER   | YOUR TITLE AND DUTIES                                |  |  |  |  |  |
|                           |   | ADDRESS    |  |  |  |  |  |  |
|                           |   | PHONE NO.  |  |  |  |  |  |  |
|                           | HRS. WEEK SALARY  | SUPERVISOR | REASON FOR LEAVING                                   |  |  |  |  |  |
|                           | MONTH YEAR MONTH YEAR   | EMPLOYER   | YOUR TITLE AND DUTIES                                |  |  |  |  |  |
|                           |   | ADDRESS    |  |  |  |  |  |  |
|                           |   | PHONE NO.  |  |  |  |  |  |  |
|                           | HRS. WEEK SALARY  | SUPERVISOR | REASON FOR LEAVING                                   |  |  |  |  |  |
|                           | Have you ever been terminated or disciplined while in a position listed above? YES NO If yes, state circumstances   |            |  |  |  |  |  |  |
| REFERENCES                | Please list three personal reference<br>Name:   | Address:   | that you have known for at least one year.<br>Phone: |  |  |  |  |  |
| RE                        |   |            |  |  |  |  |  |  |

I hereby certify that the statements I have made on this application are true and complete to the best of my knowledge. I authorize any investigation of all statements contained in this application. I understand that any misrepresentation or falsification of information provided may lead to withdrawal of an employment offer or termination following employment. I understand that I may be required to verify all information given on this application. I understand that I must notify the Mayor's Office of any change in name, address, or telephone number or any other pertinent information. I recognize that my future employment with the City of Youngstown will be jeopardized if I engage in substance abuse, illegal drug use or alcohol abuse.