

# Application For Employment (Civil Service)

**CITY OF SANDUSKY · 240 Columbus Ave. · Sandusky, OH 44870**  
**Phone 419.627.5885 · Fax 419.627.5835**



Full Time – Permanent Positions

Return to: Human Resources Division

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

POSITION APPLIED FOR: \_\_\_\_\_

APPLICATION # \_\_\_\_\_

FOR OFFICE USE ONLY

PLEASE PRINT:

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

Social Security #: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Mobile/Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever submitted an application to the City of Sandusky? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Have you ever been employed by the City of Sandusky? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Are you legally eligible for employment in the United States? \_\_\_\_\_

If you are under 18, can you furnish a work permit? \_\_\_\_\_ Date available for work: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If Yes, please provide details: \_\_\_\_\_

ANSWERING "YES" DOES NOT AUTOMATICALLY BAR EMPLOYMENT. Please use additional sheet if necessary.

Are you able to meet all of the attendance requirements of this position? \_\_\_\_\_

Are you able to work overtime if necessary? \_\_\_\_\_ Will you travel if the position requires it? \_\_\_\_\_

Do you have any friends / relatives currently employed by the City of Sandusky? \_\_\_\_\_

If Yes, who? \_\_\_\_\_

Military Service or Veteran Status? \_\_\_\_\_ If yes, please provide branch of service, rank, and job duties: \_\_\_\_\_

Type of employment desired:  Full Time  Police  
 Part Time  Fire

Driver's License Number: \_\_\_\_\_ State: \_\_\_\_\_

Have you ever been bonded: \_\_\_\_\_

**RELEVANT EXPERIENCE** Please provide information regarding relevant experience to the position you are applying for. This includes, but is not limited to present/past employers, assignments, or volunteer activities. Use additional sheets if necessary.

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_  
Telephone # \_\_\_\_\_ Address \_\_\_\_\_  
Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Job duties/  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_  
Telephone # \_\_\_\_\_ Address \_\_\_\_\_  
Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Job duties/  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_  
Telephone # \_\_\_\_\_ Address \_\_\_\_\_  
Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Job duties/  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_  
Telephone # \_\_\_\_\_ Address \_\_\_\_\_  
Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Job duties/  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_  
Telephone # \_\_\_\_\_ Address \_\_\_\_\_  
Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_  
Job duties/  
Responsibilities \_\_\_\_\_  
Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

**PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:**

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Have you ever been fired or asked to resign from a job? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Please explain why you would like to be considered for employment with the City of Sandusky. Use additional sheets if necessary.

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**RELATED INFORMATION:** To what job related organizations (professional, trade, etc.) do you belong?  
*Exclude memberships that would reveal race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran / reserve national guard or any other similarly protected status.*

ORGANIZATION	OFFICES HELD

## SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform the essential functions in the appointment for which you are applying:

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## EDUCATIONAL BACKGROUND

Name and Location	# of years completed	Graduated?	Course of Study
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**HIGH SCHOOL:**

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**COLLEGE:**

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**OTHER:**

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**REFERENCES:** Please provide at least 3 references who are not related to you. Use additional sheets if necessary.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

## **APPLICANT STATEMENT AND SIGNATURE (Signature Required for Application to be Complete):**

I certify that all information I have provided in order to apply for and obtain employment with the City of Sandusky is true, complete, and correct. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Sandusky and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service, whenever it is discovered. In addition, I give the City of Sandusky the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Sandusky in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, the City of Sandusky, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding, the City of Sandusky, its agents, members or representatives, for seeking, gathering, and using such information all other persons, corporations, or organizations for furnishing such information about me.

My signature below acknowledges my understanding and agreement with the above.

I understand that an offer of employment is contingent upon the successful completion of a pre-employment background investigation, physical, psychological, polygraph, and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that I am free to resign at any time and the City of Sandusky reserves the same right to request my resignation at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by the City of Sandusky at any time. I understand that no representative of the City of Sandusky is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.**

**I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.**

**Signature of Applicant (required):** \_\_\_\_\_ **Date:** \_\_\_\_\_

THIS BOX FOR OFFICE USE ONLY:

WRITTEN EXAM SCORE: \_\_\_\_\_ INTERVIEW: (1) \_\_\_\_\_ (2) \_\_\_\_\_

START DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_ WAGE: \_\_\_\_\_

**Received:**

*Time Stamp*

# Affirmative Action Voluntary Information

COMPLETION OF INFORMATION BELOW IS VOLUNTARY

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

Section 4112.04 (A) (10) of the Revised Code requires that the state and its political subdivisions file annual reports with the Ohio Civil Rights Commission. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## Referral Source:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Walk In          | <input type="checkbox"/> Government Employment Agency | <input type="checkbox"/> Private Employment Agency |
| <input type="checkbox"/> Employee: _____  |   | <input type="checkbox"/> School                    |
| <input type="checkbox"/> Relative: _____  |   | <input type="checkbox"/> Job Fair                  |
| <input type="checkbox"/> Newspaper: _____ |   | <input type="checkbox"/> Company's Website         |
| <input type="checkbox"/> Other: _____     |   |  |

## **Applicant Information**

Name: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street City State Zip

Male  Female Disabled?  Yes  No Veteran?  Yes  No

### **Please Check One of the Following Equal Employment Opportunity Identification Groups:**

- White (not of Hispanic or Latino Origin)  Black (not of Hispanic Origin)  Hispanic or Latino  Asian  
 Native American/Alaskan Native  Native Hawaiian/Pacific Islander  Two or More Races (Not Hispanic or Latino)

## **For Administrative Use Only**

Position(s):  Available  Not Available Other Positions Considered for: \_\_\_\_\_

Hired:  Yes  No Position Hired for: \_\_\_\_\_

OCRC Job Classifications:

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Officials/Administrators | <input type="checkbox"/> Professional           | <input type="checkbox"/> Technicians   | <input type="checkbox"/> Protective Service  |
| <input type="checkbox"/> Para Professional        | <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Skilled Craft | <input type="checkbox"/> Service/Maintenance |

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_