



CITY OF SHARONVILLE
 10900 READING ROAD
 SHARONVILLE, OHIO 45241

(513) 563-1144
 (513) 563-0617

www.sharonville.org

POSITION

DEPARTMENT

APPLICATION FOR EMPLOYMENT

APPLICANT: The City Of Sharonville appreciates your interest in our City and the position stated above. You will be fairly and equally considered for this position based on your qualifications and the information you provide in this Application For Employment. **The City Of Sharonville is an equal opportunity employer and an affirmative action compliant employer.**

PLEASE PRINT PLAINLY – COMPLETE ALL REQUESTED INFORMATION – MUST BE COMPLETED BY APPLICANT

Name _____

Home Phone _____ Cell Phone* _____ Best Time To Call _____

Current Address _____ How Long _____

Previous Address _____ How Long _____

Previous Address _____ How Long _____

Home E-Mail Address* _____ Are You At Least 18 Years Of Age? _____

If you are offered employment, how soon could you start? _____ Social Security Number _____

How did you learn about this vacancy? _____ *optional

EDUCATION, TRAINING, SKILLS: You may be required to provide proof of diploma, degree, transcripts, licenses, certifications, etc. If necessary, attach an additional page for any information requested in this section.

TYPE OF SCHOOL	SCHOOL NAME AND LOCATION	NUMBER OF YRS	DIPLOMAS OR DEGREES	G P A	FIELDS OF STUDY MAJOR & MINOR
High School					
College					
Other					
Other					

School offices held, honors, awards, etc.? _____

In addition to formal education above, list any training, seminars, certification, trade skills (carpentry, electrical, etc.), computer skills (software, hardware, etc.) office skills, or other abilities that may be pertinent to the position for which you are applying.

EMPLOYMENT HISTORY: List ALL employment for the last 15 years in chronological order. Start with your current or most recent position. Use multiple blocks for multiple positions with the same employer. Include any military time. Be sure to explain any gaps in your employment history. If you attach a resume you must also complete this section. Failure to completely answer all questions in this section may eliminate you from further consideration. The information you provide in this section will be The City Of Sharonville's record of your experience and ability relative to the position you have applied for.

Company_____	Position_____
Address_____	Start Date (mm/yy)_____ End Date (mm/yy)_____
City/State/Zip_____	Start Pay \$_____ End Pay \$_____
Phone (include AC)_____	Full Time_____ Part Time_____ Hours/Week_____
Supervisor Name_____	May we contact for a reference? Yes_____ No_____
Reason For Leaving_____	
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

Company_____	Position_____
Address_____	Start Date (mm/yy)_____ End Date (mm/yy)_____
City/State/Zip_____	Start Pay \$_____ End Pay \$_____
Phone (include AC)_____	Full Time_____ Part Time_____ Hours/Week_____
Supervisor Name_____	May we contact for a reference? Yes_____ No_____
Reason For Leaving_____	
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

EMPLOYMENT HISTORY CONTINUED (If you will need additional space, please photocopy this blank page)

Company_____	Position_____
Address_____	Start Date (mm/yy)_____ End Date (mm/yy)_____
City/State/Zip_____	Start Pay \$_____ End Pay \$_____
Phone (include AC)_____	Full Time_____ Part Time_____ Hours/Week_____
Supervisor Name_____	May we contact for a reference? Yes_____ No_____
Reason For Leaving_____	
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

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Reason For Leaving_____	
Job Duties, Responsibilities, Accomplishments, Management/Supervisory Experience, Explanations, Additional Information, etc.	

INTERESTS: In order to better understand your personality and your ability to interact with citizens and co-workers, The City Of Sharonville would appreciate an insight on your interests and activities, both past and present. Please exclude any responses that could indicate age, gender, race, creed, color, religion, national origin, disabilities, handicaps, sexual orientation, political activities, etc.

Memberships (civic, social, youth, professional, extracurricular during school, etc.) _____

Hobbies Or Activities _____

ADDITIONAL INFORMATION: Use the following lines to include any additional information that you would like to provide.

APPLICANT: PLEASE READ ALL FOLLOWING STATEMENTS CAREFULLY. INDICATE YOUR UNDERSTANDING AND YOUR ACCEPTANCE OF ALL FOLLOWING STATEMENTS BY PLACING YOUR SIGNATURE BELOW.

1. I certify that all information and documents provided by me within this Application For Employment or in connection with the employment application, interview, and pre-employment process are true, complete, and accurate.
2. I understand that any misstatement, falsification, misrepresentation, or intentional omission of any information on this Application For Employment or at any time during the employment application, interview, and pre-employment process may disqualify me for further consideration for employment, or the termination of my employment at any time if I am hired.
3. I understand that my failure or refusal to comply with all requirements of the official advertisement for the position that I am applying for, including but not limited to the deadline for application, attachment of all required documents to this Application For Employment, and/or compliance with any age, education, certification, residency, or other requirements, will disqualify me for further consideration for employment.
4. If I require any special accommodations for any phase of the testing procedure, I understand that I must attach a separate written request and description of the requested accommodation to this Application For Employment.
5. I will participate in any interviews, tests, examinations, drug/alcohol screenings, physical examinations, or procedures that may be required during the pre-employment process, and that a final offer of employment will be based on successful and acceptable results.
6. My signature below authorizes The City Of Sharonville to conduct an investigation of my background relative to my driving record, convictions, workers' compensation claims, credit history, educational background, and/or any other relative information.
7. Unless otherwise indicated, I authorize any of the persons or organizations that I have named in this Application For Employment to provide The City Of Sharonville with any and all information concerning my previous employment, education, or any other information that they might have, personal or otherwise, with regard to any of the subjects included in this Application For Employment or relative to my qualifications for employment. I hereby release all such persons or organizations from all liability from any damages which may result from furnishing such information.

SIGNATURE OF APPLICANT _____ DATE OF SIGNATURE _____