



Ontario
OHIO

City of Ontario

Strong past, Bright future

555 Stumbo Road North, Ontario, Ohio 44906-1259

The State of Ohio is an Equal Opportunity Employer and provider of ADA services.

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will be rejected. It is your responsibility to assure that your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to fill out both sides of this form. Also please note that this completed form will become a public record when submitted to a government agency.

If applying for a **VACANT POSITION**, fill in the information in the area below:

Position Title _____

If applying for a **CIVIL SERVICE EXAMINATION**, fill in the information in the area below. For civil service examinations, a résumé may *not* be used as a substitute for completing this application. Check the "Military Credit Claim" box to request **Military Credit**. **NOTE:** In order to claim U.S. military service credit on your examination score, you must submit a *copy* of your Honorable Separation from active duty, DD214 or equivalent with this application, and be a current resident of the state of Ohio.

Military Credit Claim

SUMMARY OF QUALIFICATIONS

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the **Minimum Qualifications** and any **position-specific qualifications** posted for this position or examination. **Be sure to provide details of your background on the other side of this application.**

DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY

APPROVED ANALYST
 DISAPPROVED EDUCATION EXPERIENCE LATE INCOMPLETE OTHER _____

PERSONAL INFORMATION

Last Name _____ First Name _____ Middle Initial _____

Home Address _____

City _____ State _____ Zip _____ County _____

Phone: () Work Phone: ()

The following information will be used only if it is directly related to the position or examination for which you are applying:

- | | YES | NO |
|--|--------------------------|--------------------------|
| 1. Are you willing and able to secure an Ohio Driver License, if a license is required? .. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the position requires travel, can you supply your own transportation? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed in the state or county service of Ohio? | <input type="checkbox"/> | <input type="checkbox"/> |

If you are currently a State employee: Job Title _____

If you are currently a County employee: Job Title _____ County _____

A felony conviction will preclude employment as a Peace Officer in the State of Ohio.

Drivers License: State _____ Number _____

LICENSES, REGISTRATION, AND CERTIFICATES

Be sure to include any valid driver license or commercial driver license if required for the job title.

License/Certification Issued by	Field/Trade/Specialization	License/Certificate Number	Expires

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the City of Ontario Designee. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

APPLICANT SIGNATURE _____ DATE _____

EXPERIENCE

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a résumé *in addition to* completing this section. If applying for a civil service examination, only the information provided below will be considered. A résumé may not be used.

If you need additional space, attach extra copies of this page.

Employer _____ Phone (____) _____	From _____ / _____ / _____ Month Day Year
Address _____	To _____ / _____ / _____ Month Day Year
City _____ State _____ Zip _____	Salary _____
Reason for Leaving _____	Supervisor's Name and Title _____
Job Title _____ Job Duties _____	_____
_____	_____

Employer _____ Phone (____) _____	From _____ / _____ / _____ Month Day Year
Address _____	To _____ / _____ / _____ Month Day Year
City _____ State _____ Zip _____	Salary _____
Reason for Leaving _____	Supervisor's Name and Title _____
Job Title _____ Job Duties _____	_____
_____	_____

Employer _____ Phone (____) _____	From _____ / _____ / _____ Month Day Year
Address _____	To _____ / _____ / _____ Month Day Year
City _____ State _____ Zip _____	Salary _____
Reason for Leaving _____	Supervisor's Name and Title _____
Job Title _____ Job Duties _____	_____
_____	_____

Employer _____ Phone (____) _____	From _____ / _____ / _____ Month Day Year
Address _____	To _____ / _____ / _____ Month Day Year
City _____ State _____ Zip _____	Salary _____
Reason for Leaving _____	Supervisor's Name and Title _____
Job Title _____ Job Duties _____	_____
_____	_____

Employer _____ Phone (____) _____	From _____ / _____ / _____ Month Day Year
Address _____	To _____ / _____ / _____ Month Day Year
City _____ State _____ Zip _____	Salary _____
Reason for Leaving _____	Supervisor's Name and Title _____
Job Title _____ Job Duties _____	_____
_____	_____

EDUCATION

High School Graduate? NO YES
 Name and Location of High School (city and state) _____
 GED Certificate Number _____ GED Issued by _____
 Are you currently attending school (for College Intern and Student Help positions)?
 NO YES Level: _____

POST-HIGH SCHOOL EDUCATION

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION

Please list below the specific course work areas at the high school level or beyond relevant to the position or examination for which you are applying. Also indicate the number of courses you have successfully completed in each area. **NOTE:** A transcript may *not* be substituted for this section, although you may be required to submit a transcript.

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES

TRAINING AND OTHER QUALIFICATIONS

(Do not include coursework already described above)

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

List special equipment or machines you can operate: _____

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software: _____

List special clerical skills, including typing: _____

List any additional relevant skills you have: _____
