

City of Ontario

555 Stumbo Road North, Ontario, Ohio 44906-1259
The State of Ohio is en 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 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. en of DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY APPROVED ANALYST DISAPPROVED EDUCATION EXPERIENCE LATE INCOMPLETE

PERSONAL INFORMATION								
_ast Name	First Name		Middle ini	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?								
2. If the position requires travel, can you supply your own transportation?								
B. Have you ever been employed in the state or county service of Ohio?								
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.								
cense/Certification Issued by	Field/Trade/Specialization	License/C	ertificate Number	Expires				
CERTIFICATION certify that the answers I have made to all of the questions in this application are true and complete the best of my knowledge. I understand that if this application is not completed in entirety, it will not a processed and I will be automatically disqualified. I understand that I am responsible for the precentness of this application. I also understand that a background check may be required prior to apployment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be quired. I waive all provisions of law forbidding colleges or universities which I attended, or past at they may disclosing any information which they acquired relevant to my employment. I consent at they may disclose such information to the City of Ontario Designee. I understand that any offer employment is conditional upon proof of legal authorization to work in the United States as quired by the Immigration Reform and Control Act.								

DATE

APPLICANT SIGNATURE

EXPERIENCE	EDUCATION						
In the areas below, please list your past work experience beginning with y Military experience and volunteer work may also be included as employ	High School Graduate? NO YES						
considered for employment, you must fill in the information below, accurat	Name and Location of High School (city and state)						
submit a résumé <i>in addition to</i> completing this section. If applying for a the information provided below will be considered. A résumé may not be us	GED Certificate Number GED Issued by						
If you need additional space, attach extra copies of	Are you currently attending school (for College Intern and Student Help positions)?						
Employer Phone ()	NO ☐YES Level:						
Address	Month Day Year	POST-HIGH SCHOOL EDUCATION INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY					
CityStateZip	Month Day Year						
Reason for Leaving	Salary	MAJOR AREA(S) TYPE OF DEGREE SCHOOL NAME AND LOCATION OF STUDY OR CERTIFICATION					
Job Title Job Duties	Supervisor's Name and Title			OKOEKIIIIOAIIOK			
EmployerPhone ()	Phone ()		Please list below the specific course work areas at the high school level or beyond relevant to the position				
Address	Month Day Year To / /	or examination for which you are applying. Also indicate the number of courses you have successfully					
City State Zip	Month Day Year	completed in each area. NOTE: A transcript may <i>not</i> be substituted for this section, although you may be required to submit a transcript.					
Reason for Leaving Job Title Job Duties	Salary		NO. OF		NO. OF		
Job TitleJob Duties	Supervisor's Name and Title	COURSE WORK AREA	COURSES	COURSE WORK	AREA COURSES		
		-					
EmployerPhone ()	From / / Month Day Year						
Address	Month Day Year To / /						
CityStateZip	Month Day Year		-				
Reason for Leaving Job Duties	Salary						
oob Fulles	Supervisor's Name and Title	TRAINING AND OTHER QUALIFICATIONS (Do not include coursework already described above)					
		SUBJECT OR TITLE OF TRAINING ORGANIZATION LENGTH OF TRAINING					
EmployerPhone ()	From / / Month Day Year	-		ONOAMEATION	ELITOTI TITALINIO		
Address	To / /						
City State Zip Reason for Leaving	Month Day Year						
Job Title Job Duties	Salary						
	Supervisor's Name and Title	List special equipment or machines you can operate:					
	l	Link assessment and the second second	have also to t				
EmployerPhone ()	From / / Month Day Year	List computer software in which you database programs. Please indicate			spreadsheet, and		
AddressStateZip	To / /	database programs. Please indicate the name of the specific software:					
City State Zip Reason for Leaving	Month Day Year						
Job TitleJob Duties	Salary. Supervisor's Name and Title	List special clerical skills, including typing:					
	Caporvisor s Marile and Title						
		List any additional relevant skills you have:					
		; 					