

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. DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY APPROVED ANALYST DISAPPROVED EDUCATION EXPERIENCE LATE INCOMPLETE

PERSONAL INFORMATION								
Last Name	First Name _		Middle Ini	itial				
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?								
3. 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								
	clude employment as a Peac							
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/Ce	rtificate Number	Expires				
CERTIFICATION 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 processed 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 amployers, 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 femployment is conditional upon proof of legal authorization to work in the United States as equired by the Immigration Reform and Control Act. APPLICANT SIGNATURE								
APPLICANT SIGNATURE			DATE					

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				
CityStateZip	Month Day Year	INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY				
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 ()	From / /	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 success		ses 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)				
				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:				
		; 				