



Make it yours.

Employment Application
(An Equal Opportunity Employer)

This is an application for employment with the City of Troy, Ohio. It is a part of the civil service process. Each position applied for requires a separate application. Answer all questions accurately and completely. A false or misleading statement or omission will invalidate your application or appointment. If you need additional space for any response you may attach it as a separate document when you submit your application.

PERSONAL INFORMATION

NAME _____
First Middle Last

POSITION APPLIED FOR _____ SOCIAL SECURITY# _____

HAVE YOU EVER BEEN KNOWN BY ANY OTHER NAMES OR ALIASES? IF SO, LIST ALL:

PRESENT ADDRESS _____
Street City State Zip

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? _____

PREVIOUS ADDRESS _____
Street City State Zip

HOW LONG DID YOU LIVE AT THIS ADDRESS? _____

PHONE NUMBER _____ EMAIL ADDRESS _____

HOW DID YOU LEARN ABOUT THIS POSITION? REFERRED BY _____

ARE YOU PHYSICALLY ABLE TO PERFORM THE JOB WITH OR WITHOUT REASONABLE ACCOMMODATION?

ARE YOU A PRESENT OR FORMER EMPLOYEE OF THE CITY? IF YES, GIVE DATES _____

ARE YOU A U.S. CITIZEN OR DO YOU HAVE A VALID PERMANENT RESIDENT CARD?

IS ANY RELATIVE OR MEMBER OF YOUR HOUSEHOLD EMPLOYED BY THE CITY OF TROY?
IF YES, LIST NAMES _____

HAVE YOU EVER BEEN FIRED OR FORCED TO RESIGN? IF YES, EXPLAIN _____

DRIVER'S LICENSE: Operator CDL IF YES, LIST CLASS

DRIVER'S LICENSE NUMBER: _____ STATE: EXPIRATION DATE: _____

EDUCATION				
	Name & Location of School(s) Attended	Years Attended	Did You Graduate?	Degree Conferred
High School				
College				
Other				

SUBJECTS STUDIED _____

U.S. MILITARY SERVICE OR RESERVES: Branch _____ Dates _____

Rank _____ Type of Discharge _____

LIST LOCATION AND NAME OF LAST UNIT ASSIGNMENT

DO YOU CLAIM VETERAN'S PREFERENCE? IF YES, YOU MUST ATTACH YOUR DD214.

SPECIAL SKILLS & QUALIFICATIONS

Summarize any special job-related skills, qualifications, certifications, or training that you acquired from work or other experience. If you need additional space, continue on an attachment to this document which must be signed and dated.

REFERENCES

Provide below the names of three persons not related to you, whom you have known at least one year and whom have knowledge of your character, work ethic, experience, and abilities.

Name _____ Business/Title _____

Email Address _____ Phone # _____

Name _____ Business/Title _____

Email Address _____ Phone # _____

Name _____ Business/Title _____

Email Address _____ Phone # _____

EMPLOYMENT EXPERIENCE

LIST ALL THE JOBS YOU HAVE HAD, STARTING WITH THE MOST RECENT. EXPLAIN ANY GAPS IN EMPLOYMENT GREATER THAN 3 MONTHS.

Employer	Address	Phone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/Salary Start-Final

Employer	Address	Phone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/Salary Start-Final

Employer	Address	Phone #
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Dates of Service	Reason for Leaving	Hourly Rate/Salary Start-Final

Employer	Address	Phone #
Job Title	Work Performed	Supervisor
Dates of Service	Reason for Leaving	Hourly Rate/ Salary Start-Finish

IN CASE OF EMERGENCY NOTIFY

Name _____

Phone # _____

Name _____

Phone # _____

CERTIFICATION: PLEASE READ CAREFULLY BEFORE SIGNING

The information I provided in this Employment Application is true and complete. I understand that any false or misleading statement or omission in this application or during the hiring process, whenever it may be discovered, will result in disqualification or termination.

If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by the City. I understand that any offer of employment may be contingent upon such medical examination and a background check.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, by either me or the City. I understand that this cannot be changed except in a writing signed by the Director of Public Service and Safety that states it is intended to make that change. Anything said or implied to the contrary is not binding on the City.

Date: _____ Signature: _____

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any reference, school, former employer or other person to disclose to the City of Troy, Ohio, upon request, any information they may have about me and I release them from all liability for disclosing such information.

Date: _____ Signature: _____

**AUTHORIZATION AND DISCLOSURE OF CONSUMER REPORT
AND INVESTIGATIVE CONSUMER REPORT
UNDER THE FAIR CREDIT REPORTING ACT**

The City of Troy, Ohio may obtain or cause to be prepared consumer reports for employment purposes. It may be an investigative consumer report which is obtained through personal interviews and might include information as to your character, general reputation, personal characteristics and mode of living. You may make a written request, within a reasonable period of time, for a disclosure of the nature and scope of any investigative consumer report we have requested. You may also request a written summary of your rights under the Fair Credit Reporting Act. If you consent to our obtaining a consumer report or investigative consumer report, sign and date below. We will not process your application until this is signed.

* * *

I authorize the City to obtain or cause to be prepared consumer reports, and investigative consumer reports, about me for employment purposes. I understand that in obtaining such consumer reports and investigative consumer reports, a consumer reporting agency may be used, and I authorize such use. This authorization and disclosure will remain effective for the duration of my employment, if I am hired.

I have received a copy of this authorization and disclosure.

Date

Signature

Printed name

Submit Application to humanresources@troyohio.gov

CITY OF TROY, OHIO
VOLUNTARY SELF-IDENTIFICATION FORM

The City of Troy, Ohio is an Equal Employment Opportunity employer. To comply with federal EEO reporting requirements, the City asks applicants to voluntarily self-identify their sex and race or ethnicity. Submission of this information is voluntary and will not affect your opportunity for employment.

This information will be used only for EEO reporting requirements and will be kept separate from your employment application.

Please Print

Name: _____ Date: _____

Position for which you are applying: _____

Sex: (check one) Male Female

Race/Ethnic Identification: (check one)

White (not of Hispanic Origin) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black (not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa.

Hispanic – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.

Asian or Pacific Islander – A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

American Indian or Alaskan Native – A person having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Two or More Races – A person who identifies with two or more of the above race/ethnicity categories.