

# APPLICATION FOR EMPLOYMENT

An Affirmative Action Equal Opportunity Employer

**CITY OF FAIRBORN**  
44 W. HEBBLE AVE.  
FAIRBORN, OHIO 45324



**Phone:** 937-754-3020  
**Fax:** 937-754-3152  
**Email:** HR@ci.fairborn.oh.us

Position(s) Desired: \_\_\_\_\_  
(Specify Job Titles) \_\_\_\_\_

Salary Expected: \_\_\_\_\_

\* If any accommodation is needed to take an employment examination, please call Personnel at 937-754-3020. \*

Date Available for Work: \_\_\_\_\_ [ ] Full-Time [ ] Part-Time

If part-time, specify days and hours per week: \_\_\_\_\_

1. Name: \_\_\_\_\_ 2. Social Security Number: \_\_\_\_\_

3. Is any additional information relative to your name, such as names used in previous employment, necessary to enable a check on your work record? If yes, please explain: \_\_\_\_\_

4. Address: \_\_\_\_\_  
Street City State & Zip Code

5. Phone Number(s) where you may be reached: \_\_\_\_\_  
Home Cell Work

6. Person(s) to be notified in an emergency: \_\_\_\_\_

7. Are you over 18 years old? \_\_\_\_\_ 8. Are you lawfully eligible to work in the United States? \_\_\_\_\_

9. List all previous addresses for the past five (5) years:

Number & Street	City	State & Zip Code	Dates of Residency:	From	To
Number & Street	City	State & Zip Code	Dates of Residency:	From	To
Number & Street	City	State & Zip Code	Dates of Residency:	From	To
Number & Street	City	State & Zip Code	Dates of Residency:	From	To
Number & Street	City	State & Zip Code	Dates of Residency:	From	To

### Office Use Only

Date Application Received: \_\_\_\_\_ Time Received: \_\_\_\_\_

**10. SCHOOLS ATTENDED**

•High School: Name \_\_\_\_\_ Address \_\_\_\_\_

Did you graduate? [ ] Yes [ ] No Major Studies: \_\_\_\_\_

•Business/Trade School: Name \_\_\_\_\_ Address \_\_\_\_\_

Years Attended: \_\_\_\_\_ Did you graduate? [ ] Yes [ ] No Major Studies: \_\_\_\_\_

•College: Name \_\_\_\_\_ Address \_\_\_\_\_

Years Attended: \_\_\_\_\_ Did you graduate? [ ] Yes [ ] No Major Studies: \_\_\_\_\_

•Other (Specify): Name \_\_\_\_\_ Address \_\_\_\_\_

List Special Qualifications (include technical and professional licenses, academic and professional awards, etc.):

**11. OFFICE SKILLS**

Calculator [ ] Keypunch [ ] Dictating Machine [ ] Adding Machine [ ] Switchboard [ ]

Shorthand [ ] \_\_\_\_\_ w.p.m. Typing [ ] \_\_\_\_\_ w.p.m. Other (Specify): \_\_\_\_\_

**12. VETERAN STATUS**

Are You a Veteran? [ ] Yes [ ] No Branch of Service: \_\_\_\_\_

Dates of Service: From \_\_\_\_\_ To \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

List duties performed in service: \_\_\_\_\_

**13. EMPLOYMENT RECORD - List all present and past employment beginning with the most recent first.**

Employer's Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Business: \_\_\_\_\_ Salary: (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe the nature and duties of your position: \_\_\_\_\_

13. EMPLOYMENT RECORD (Continued)

Employer's Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Business: \_\_\_\_\_ Salary: (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe the nature and duties of your position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Business: \_\_\_\_\_ Salary: (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe the nature and duties of your position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's Name: \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

Address: \_\_\_\_\_ Phone # \_\_\_\_\_

Type of Business: \_\_\_\_\_ Salary: (starting) \_\_\_\_\_ (ending) \_\_\_\_\_

Name & Title of Supervisor: \_\_\_\_\_

Your Job Title: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

Briefly describe the nature and duties of your position: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

14. May we contact your present employer? [ ] Yes [ ] No

15. Have you ever been dismissed or asked to resign from any position? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

16. Have you ever been convicted of a felony? [ ] Yes [ ] No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

17. List any friends or relatives currently working for the City of Fairborn. \_\_\_\_\_  
\_\_\_\_\_

18. Have you been previously employed by the City? [ ] Yes [ ] No When? \_\_\_\_\_

19. Do you have a reliable means of transportation? [ ] Yes [ ] No

20. PERSONAL REFERENCES (Do not list former employers or relatives - only those who can provide education or character references.)

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Business Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Occupation: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
\_\_\_\_\_ Business Phone: \_\_\_\_\_

21. How did you learn of this position? \_\_\_\_\_

The facts set forth in this application for employment are true and complete to the best of my knowledge. I understand that if employed, false statements on this application shall be sufficient cause for dismissal. I also understand that if hired, I may be required to submit to a physical and/or mental examination, AND THAT IF HIRED IN A PERMANENT POSITION I WILL BE REQUIRED TO HAVE A DRUG/ALCOHOL TEST. In such event, I agree to authorize any physician, institution or other treatment provider to release information as to my medical history. In the course of such examination and investigation, I will cooperate with all required testing, and will execute any required releases and authorizations. (THE CITY OF FAIRBORN WILL MAKE REASONABLE ACCOMMODATION TO ENABLE QUALIFIED INDIVIDUALS WITH DISABILITIES TO PERFORM THE JOB IN QUESTION, AS REQUIRED BY LAW.)

\_\_\_\_\_  
Signature Date

The City of Fairborn does not discriminate on the basis of race, color, creed, religion, ancestry, national origin, citizenship, sex, age (40 or older), or disability as defined by law.

**EQUAL EMPLOYMENT OPPORTUNITY QUESTIONNAIRE**

You are being requested to complete the following questionnaire solely for statistical purposes to assist the City of Fairborn in implementing its Affirmative Action Plan.

This form will be maintained totally separate from your application for employment.

Completion of this form is strictly voluntary.

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Check each box which applies to you:

SEX:     Male             Female

RACE:  White

Black

Hispanic (Mexican, Puerto Rican, Cuban, Central or South American or other Spanish origin)

Asian or Pacific Islanders (Far East, Southeast, Asia, Indian Subcontinent, Pacific Islands)

American Indian or Alaskan Nature

Other \_\_\_\_\_

**City of Fairborn, Ohio**

**CITY OF FAIRBORN, OHIO**

**RELEASE AND AUTHORIZATION FOR  
REFERENCE CHECKS ON APPLICANTS FOR EMPLOYMENT**

In Consideration of the City of Fairborn, Ohio's evaluation of my suitability for employment, I, the undersigned applicant for employment, do hereby authorize the City of Fairborn, Ohio to perform all checks on my references, experience and credentials as allowed by law. I further authorize the City of Fairborn, Ohio to perform the following background checks, to the extent such are required for the position(s) for which I am applying:

Verifying educational background, investigating any criminal records I may have, if any, and requesting a credit report for pre-employment purposes.

I understand that if I am a finalist for a position for which a background criminal records check is required, I will be required to provide a set of impressions of my fingerprints for submission to the Ohio Bureau of Criminal Investigation and Information. If I am applying for a position for which a pre-employment criminal records check is required, I understand that such must be conducted and satisfactorily completed, as a pre-condition of my employment, or continued employment. If I am hired for said position prior to receipt of a satisfactory criminal records check, such employment is conditioned upon receipt of the satisfactory criminal records check. I also understand that if I am a finalist for a position for which a criminal records check is required, I may be asked to sign a release to obtain this information and unless this release is signed, I will not be considered for employment.

I release the City of Fairborn, Ohio its agents, its employees and the individuals, companies, and/or entities contacted by the City of Fairborn, Ohio as part of its investigation, from any and all claims or causes of action arising from the City of Fairborn, Ohio's investigation of my references, experience, credentials, credit records and/or criminal records.

Applicant confidentiality cannot be maintained  
as per Ohio State law.

APPLICANT'S SIGNATURE: \_\_\_\_\_

Date Signed: \_\_\_\_\_

Print Applicant's Name: \_\_\_\_\_

Applicant's Social Security Number: \_\_\_\_\_



### PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

#### DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

#### DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?  Yes  No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?  Yes  No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

#### CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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