



CITY OF SPRINGBORO

320 West Central Avenue, Springboro, Ohio 45066
Phone: (937) 748-4343 Fax (937) 748-0815

Application for Employment

(Please Print or Type)

Position(s) applied for: _____ Date of application ____/____/____

Last Name: _____ First Name: _____ Middle Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Telephone: _____ Social Security Number: _____ - _____ - _____

If you are under 18 years of age, can you furnish a work permit? _____ YES _____ NO
Have you ever been employed here before? _____ YES _____ NO
Are you eligible for continued employment in the United States? _____ YES _____ NO

Date available for work: ____/____/____ Salary Expected: _____ per _____

Type of Employment Desired: _____ Full Time _____ Part Time _____ Seasonal

Will you submit to any pre-employment testing designed to determine whether or not you are able to perform the essential functions of the job for which you are applying? _____ YES _____ NO

Have you ever been convicted of a crime, excluding misdemeanors and traffic offenses? _____ YES _____ NO

If you answered "YES" to above, give the nature of the offense, the date of conviction, the penalty imposed for the offense. *Note that a conviction received will not necessarily be a bar to employment.*

Do you have any relatives employed by the City of Springboro? _____ YES _____ NO. If you answered "YES", what is your relationship to the employee _____

The City of Springboro is an EQUAL OPPORTUNITY EMPLOYER



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EDUCATION	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Course(s) of Study				
Describe any Specialized Training and Skills				

Employment History - (List your last three (3) employers, assignments or volunteer activities, starting with the most recent.)

<p>Worked at this location From: _____ To: _____</p> <p>Employer: _____ Job title: _____</p> <p>Employer Address: _____ Immediate Supervisor: _____</p> <p>Employer Phone Number: _____ May we contact this supervisor? ____ YES ____ NO</p> <p>Summarize the nature of work performed and your job responsibilities: _____</p> <p>Reason for leaving: _____ Final Hourly Rate or Salary: _____</p>
<p>Worked at this location From: _____ To: _____</p> <p>Employer: _____ Job title: _____</p> <p>Employer Address: _____ Immediate Supervisor: _____</p> <p>Employer Phone Number: _____ May we contact this supervisor? ____ YES ____ NO</p> <p>Summarize the nature of work performed and your job responsibilities: _____</p> <p>Reason for leaving: _____ Final Hourly Rate or Salary: _____</p>
<p>Worked at this location From: _____ To: _____</p> <p>Employer: _____ Job title: _____</p> <p>Employer Address: _____ Immediate Supervisor: _____</p> <p>Employer Phone Number: _____ May we contact this supervisor? ____ YES ____ NO</p> <p>Summarize the nature of work performed and your job responsibilities: _____</p> <p>Reason for leaving: _____ Final Hourly Rate or Salary: _____</p>



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I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, may subject me to disciplinary action, up to and including termination of employment. Employment with the City is at-will, unless otherwise governed by statute, regulation or ordinance.

I understand the City is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

I understand investigation of all statements contained in this application for employment may be necessary in arriving at an employment decision by the City.

Signature of Applicant

Date



CITY OF SPRINGBORO
EQUAL EMPLOYMENT OPPORTUNITY STATISTICAL SUPPLEMENT

Applicants for employment are requested, **but not required**, to provide the following supplementary data. Availability of this data assists in the maintenance of an Equal Employment Opportunity Program. Please **DO NOT** place your name on this form.

This information helps us comply with government record keeping, reporting, and other legal requirements and will be kept in a **Confidential File** separate from the Application for Employment. We appreciate your cooperation.

This form is completely voluntary and does not affect your employment status.

1. Position Applied For: _____
2. Date of application: _____
3. Birthdate: _____
4. Age: _____(years)
5. Gender: ___M ___F
6. Marital Status: ___ Single ___ Married ___ Widowed ___ Separated ___ Divorced
7. Height ___ ft. ___ in.
8. U.S. Citizen? ___ YES ___ NO
9. Warren County Resident? ___ YES ___ NO
10. City of Springboro Resident? ___ YES ___ NO
11. Race or Ethnic Origin: ___ Caucasian ___ Hispanic ___ Asian ___ African-American
___ Pacific Islander ___ Other _____
12. Religious Affiliation: _____
13. How did you learn about job possibilities with the City of Springboro?
___ Friend ___ School ___ Internet Search Engine ___ City Website ___ Dayton Daily News
___ Cable TV ___ Springboro Sun Newspaper ___ Springboro Press Newspaper ___ City Employee

PLEASE REMOVE THIS FORM FROM YOUR APPLICATION
PLEASE DO NOT PLACE YOUR NAME ON THIS FORM