

APPLICATION FOR EMPLOYMENT

CITY OF HURON ❖ 417 Main Street ❖ [REDACTED] ❖ Huron, OH 44839
 (419) 433-5000 Fax (419) 433-5120



Police Division—Entrance Level Examination

Return to: Human Resources Dept.

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the Human Resources Department.

PLEASE PRINT:

Name: _____ Date of Application: _____

Address: _____
Street Apt City State Zip

Previous Address: _____
Street Apt City State Zip

Social Security #: _____ Driver's License #: _____

Telephone # _____ Mobile/Other: _____ E-mail: _____

Have you ever submitted an application to the City of Huron? _____ If Yes, when? _____

Have you ever been employed by the City of Huron? _____ If Yes, when? _____

Are you legally eligible for employment in the United States? _____ Date available for work: _____

Military Service or Veteran Status? _____ If yes, please provide branch of service, rank, and job duties: _____

PLEASE COMPLETE THE FOLLOWING QUESTIONS USE ADDITIONAL SHEETS IF

	Yes	No
Are you currently employed?	Yes	No
Are you on layoff, subject to recall?	Yes	No
Have you been convicted of a felony? If yes, state facts and penalty: _____	Yes	No
Have you been convicted of a misdemeanor? If yes, state facts and penalty: _____	Yes	No
Have you ever been discharged from any position? If yes, state circumstances: _____	Yes	No
Do you have any friends / relatives who work for the City of Huron? State name and relationship: _____	Yes	No

EMPLOYMENT EXPERIENCE Please provide information regarding relevant experience to the position you are applying for. Use additional sheets if necessary. Please begin with your present or most recent employer.

Employer	Duties Performed		
Address			
City, State, Zip			
Job Title			
Supervisor			
Reason for Leaving			
Dates Employed: From _____ To _____	May we contact?	Yes	No
Hourly Rate: Start _____ Final _____			
Employer	Duties Performed		
Address			
City, State, Zip			
Job Title			
Supervisor			
Reason for Leaving			
Dates Employed: From _____ To _____	May we contact?	Yes	No
Hourly Rate: Start _____ Final _____			
Employer	Duties Performed		
Address			
City, State, Zip			
Job Title			
Supervisor			
Reason for Leaving			
Dates Employed: From _____ To _____	May we contact?	Yes	No
Hourly Rate: Start _____ Final _____			

PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:

SKILLS AND QUALIFICATIONS

Summarize any specialized training, skills, licenses and/or certificates that may qualify you as being able to perform the essential functions in the appointment for which you are applying:

Name and Location	# of years completed	Graduated?	Course of Study
HIGH SCHOOL:			
COLLEGE:			
OTHER:			

REFERENCES: Please list three persons not related to you, who have known you for at least six (6) months, and have knowledge of your character, experience and ability.

Name and Address	Phone	Occupation

APPLICANT STATEMENT AND SIGNATURE:

I certify that all information I have provided in order to apply for employment with the City of Huron is true, complete, and correct to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Huron and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service. In addition, I give the City of Huron the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Huron in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, the City of Huron, its representatives, members or agents to contact and obtain information from all references (personal and professional) employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding, the City of Huron, its agents, members or representatives for seeking, gathering, and using such information all other persons, corporations or organizations for furnishing such information about me.

My signature below acknowledges my understanding and agreement with the above.

I understand that an offer of employment is contingent upon the successful completion of a pre-employment physical and/or drug and alcohol screen. If employed, I agree to provide proof of identity relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that I am free to resign at any time and the City of Huron reserves the same right to request my resignation at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by the City of Huron at any time. I understand that no representative of the City of Huron is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Signature of Applicant (required): _____ Date: _____

THIS BOX FOR OFFICE USE ONLY

Date Rec'd _____ by _____ IN: (1) _____ (2) _____

Completed by: _____ Date: _____
 History: stamp if No Record

Affirmative Action Voluntary Information

Completion of Information Below is Voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

Section 4112.04 (A) (10) of the Revised Code requires that the state and its political subdivisions file annual reports with the Ohio Civil Rights Commission. In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is **NOT** part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

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

Referral Source:

- Walk In Government Employment Agency Private Employment Agency
 Employee: _____ School
 Relative: _____
 Newspaper: _____
 Other: _____

Applicant Information

Name: _____ Telephone: (____) _____
Last First Middle

Address: _____

Male Female Street City Yes No State Zip Disabled? Veteran? Yes No

Please Check One of the Following Equal Employment Opportunity Identification Groups:

- White (not of Hispanic Origin) Black (not of Hispanic Origin) Hispanic
 Native American / Alaskan Native Asian / Pacific Islander

For Administrative Use Only

Position(s): Available Not Available Other positions considered for: _____

Hired: Yes No Position hired for: _____

OCRC Job Classifications:

- Officials / Administrators Professional Technicians Protective Service
 Para Professional Administrative Support Skilled Craft Service / Maintenance

Completed By: _____ Date: _____