

City of Springdale
EMPLOYMENT APPLICATION

Please answer all questions correctly and accurately. All Statements in your application are subject to verification. An incorrect statement may bar or remove you from employment. Please use typewriter or print. Application may be returned to the City of Springdale, 11700 Springfield Pike, Springdale, OH 45246.

NAME	FIRST	MIDDLE	LAST	POSITION APPLIED FOR	
MAILING ADDRESS				TELEPHONE	
Street		City	State	Zip	Home
				Business	
Applicants for non-civilian positions:			Applicants for all other positions:		
Are you between 21 and 64 years of age? YES NO			Are you over 18 years of age? YES NO		
Have you ever been convicted of a misdemeanor or felony? (Circle One)					
YES NO					
Note: A conviction record is not an automatic bar to employment, but the City reserves the right to discuss convictions further in oral evaluations.					
HAVE YOU EVER BEEN IN THE ARMED FORCES? (Circle One) YES NO					
Branch		Active Duty Dates		Specialty	
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION? (Circle One) YES NO					
If yes, please explain:					
MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS AND CHARACTER? (Circle One)					
YES NO					
EDUCATION		NAME AND LOCATION OF SCHOOL		DID YOU GRADUATE?	
Circle Highest Grade Completed				YES NO	
1 2 3 4 5 6 7 8 9 10 11 12					
COLLEGES OR UNIVERSITIES ATTENDED		DATES ATTENDED	DEGREE	MAJOR	SEMESTER HOURS COMPLETED
HAVE YOU PASSED THE HIGH SCHOOL EQUIVALENCY TEST (G.E.D.) (Circle One) YES NO					
IF YES-DATE PASSED _____ STATE AWARDED _____					
LIST ANY LICENSES OR PROFESSIONAL CERTIFICATES WHICH YOU HOLD WHICH ARE APPLICABLE TO THIS POSITION:					
DRIVERS LICENSE					
State Issued By		Number	Expiration Date	Type	

EXPERIENCE: List your five most recent employment's, beginning with your present or most recent experience.

From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Why do you want to leave?		Number Supervised	Avg. Hrs./Week	Salary
From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Reason for leaving		Number Supervised	Avg. Hrs./Week	Salary
From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Reason for Leaving		Number Supervised	Avg. Hrs./Week	Salary
From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Reason for leaving		Number Supervised	Avg. Hrs./Week	Salary
From	To	Exact Title of Position		
Name and Address of Employer		Your duties were		
Name and Title of Your Supervisor		Employer's Telephone Number		
Reason for leaving		Number Supervised	Avg. Hrs./Week	Salary

GIVE ANY ADDITIONAL INFORMATION COVERING YOUR QUALIFICATIONS FOR THIS POSITION.

I certify that all statements made in this application are true and complete, and that any mis-statements of material fact will subject me to disqualification or dismissal.

Signature

Date



Ohio Department of Public Safety
Division of Homeland Security
<http://www.homelandsecurity.ohio.gov>

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 of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

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, and financial services that are in excess of one hundred dollars, as well as 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 division (A)(2)(b) of section 2909.32 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

PUBLIC EMPLOYMENT - CONTINUED

<p>4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>5. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>6. 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? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

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.

X _____
Signature

Date

“DO NOT CALL TO CHECK ON YOUR STATUS! YOU WILL BE CONTACTED AT THE APPROPRIATE TIME.”

PLEASE BE SURE TO ANSWER EACH QUESTION CORRECTLY AND MORE IMPORTANTLY TRUTHFULLY.

In previous recruitment processes, applicants have provided false answers to various questions on the application. As a result, they were later disqualified at the interview phase of the process for **FALSIFYING THE APPLICATION!!!!**

If you have been fired or discharged from a previous employer, indicate that on the application as well. These are the two most popular questions where individuals tend to indicate the incorrect answers. You can always explain why the event occurred during the interview.

Again, if you indicated the wrong answer, **YOU WILL BE DISQUALIFIED!!!!**

PLEASE INTIAL: _____