

## CITY OF BROOKVILLE EMPLOYMENT APPLICATION

Please answer all questions accurately and completely. If your application is made out properly, it may increase your chances of employment. All statements in your application are subject to verification. A false statement may bar or remove you from employment. Please use typewriter or print. Applications may be mailed to City of Brookville, 301 Sycamore Street, Brookville, Ohio 45309.

NAME: First		Middle		Last		Social Security Number:		
MAILING ADDRESS: Street, City, State, Zip Code						TELEPHONE:		
POSITION FOR WHICH YOU ARE APPLYING:						Home:		
						Cell:		
						Business:		
						EMAIL:		
APPLICANTS FOR POLICE POSITIONS: Are you over 21 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO				APPLICANTS FOR ALL OTHER POSITIONS: Are you over 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO				
DO YOU HAVE ANY PHYSICAL HANDICAPS WHICH LIMIT YOUR ABILITY TO PERFORM THE JOB FOR WHICH YOU APPLIED? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.								
NOTE: A physical handicap is not an automatic ban to employment and will be discussed during the oral evaluation.								
HAVE YOU EVER BEEN DISCHARGED OR FORCED TO RESIGN FROM A POSITION? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please explain.								
MAY WE CONTACT YOUR PRESENT EMPLOYER AS TO YOUR QUALIFICATIONS AND CHARACTER? <input type="checkbox"/> YES <input type="checkbox"/> NO								
EDUCATION Circle Highest Grade Completed 1   2   3   4   5   6   7   8   9   10   11   12				NAME AND LOCATION OF SCHOOL			DID YOU GRADUATE?	
COLLEGES OR UNIVERSITIES ATTENDED		DATES ATTENDED		DEGREE		MAJOR	SEMESTER HOURS COMPLETED	
HAVE YOU PASSED THE HIGH SCHOOL EQUIVALENCY TEST (G.E.D.)? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, please complete.						DATE PASSED	STATE AWARDED	
LIST ANY LICENSES OR PROFESSIONAL CERTIFICATES WHICH YOU HOLD WHICH ARE APPLICABLE TO THIS POSITION. Police Officer Applicants: Please attach copies of CURRENT Ohio Peace Officer Training Certification, if applicable.								
DRIVER'S LICENSE  State Issued By		NUMBER			EXPIRATION DATE			TYPE

**EXPERIENCE**

List the most recent 5 jobs you have held during the past 10 years. Begin with your present or most recent experience. If you have not held 5 jobs in the past 10 years list only those that you have held in the past 10 years.

From (Month/Year)	To Present	Exact Title of Position		
Name and Address of Employer		Your Duties Are		
Name and Title of Your Supervisor				
Why Do You Want to Leave?		Number Supervised	Avg. Hrs. Per Week	Salary

From (Month/Year)	To	Exact Title of Position		
Name and Address of Employer		Your Duties Were		
Name and Title of Your Supervisor				
Reason for Leaving?		Number Supervised	Avg. Hrs. Per Week	Salary

From (Month/Year)	To	Exact Title of Position		
Name and Address of Employer		Your Duties Were		
Name and Title of Your Supervisor				
Reason for Leaving?		Number Supervised	Avg. Hrs. Per Week	Salary

From (Month/Year)	To	Exact Title of Position		
Name and Address of Employer		Your Duties Were		
Name and Title of Your Supervisor				
Reason for Leaving?		Number Supervised	Avg. Hrs. Per Week	Salary

From (Month/Year)	To	Exact Title of Position		
Name and Address of Employer		Your Duties Were		
Name and Title of Your Supervisor				
Reason for Leaving?		Number Supervised	Avg. Hrs. Per 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 misstatement of material fact will subject me to disqualification or dismissal.

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

## CITY OF BROOKVILLE

### Voluntary Data Record Survey

City of Brookville applicants and employees are treated equally, without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical conditions or disabilities or any other legally protected status. At the same time, as an employer with an affirmative action program, we comply with government regulations, including affirmative action responsibilities and reports where they apply.

Government agencies periodically require reports on the status of protected employees. The purpose of this Voluntary Data Record is to comply with government record-keeping, reporting, and other legal requirements. These data are for statistical analysis with respect to the success of the City's affirmative action program only.

Completing this Voluntary Data Record Survey is optional. All data records are kept in a confidential file and are not a part of your Application for Employment or Personnel File.

*THE DECISION TO SUBMIT THIS INFORMATION IS VOLUNTARY*

1. ETHNIC RACIAL STATUS (Please check one)	2. SEX
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- |                                   |   |  |                                    |
|-----------------------------------|---|--|------------------------------------|
| a. <input type="checkbox"/> White | c. <input type="checkbox"/> Hispanic        | e. <input type="checkbox"/> Asian/Pacific Islander | a. <input type="checkbox"/> Male   |
| b. <input type="checkbox"/> Black | d. <input type="checkbox"/> American Indian | f. <input type="checkbox"/> Other                  | b. <input type="checkbox"/> Female |

3. MARITAL STATUS (Please check one)	4. VIETNAM ERA VETERAN	5. AGE
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- |                                      |                                       |                                 |  |   |
|--------------------------------------|---------------------------------------|---------------------------------|--|---|
| a. <input type="checkbox"/> Single   | d. <input type="checkbox"/> Widowed   | a. <input type="checkbox"/> No  | a. <input type="checkbox"/> 16 or less | d. <input type="checkbox"/> 41 to 65    |
| b. <input type="checkbox"/> Married  | e. <input type="checkbox"/> Separated | b. <input type="checkbox"/> Yes | b. <input type="checkbox"/> 17 to 25   | e. <input type="checkbox"/> 66 or older |
| c. <input type="checkbox"/> Divorced |                                       |                                 | c. <input type="checkbox"/> 26 to 40   |   |

6. DISABLED	7. DISABLED VETERAN
a. <input type="checkbox"/> No	a. <input type="checkbox"/> No
b. <input type="checkbox"/> Yes	b. <input type="checkbox"/> Yes

8. TYPE OF WORK YOU ARE APPLYING FOR

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a.  ADMINISTRATIVE (Managerial or Department Head, etc.)  
 b.  PROFESSIONAL (Asst. Dept. Head, Police Major, etc.)  
 c.  TECHNICAL (Police Captain, WWTP Operator, etc.)  
 d.  PROTECTIVE SERVICE (Police Officer, Firefighter)  
 e.  OFFICE/CLERICAL (Deputy Clerk, Clerk-Typist, Secretary, Administrative Assistant, etc.)  
 f.  SKILLED CRAFT (Mason, Carpenter, Welder, Equipment Operator, Equipment Mechanic, etc.)  
 g.  SERVICE/MAINTENANCE (Street Maintenance, Refuse, etc.)

9. HOW DID YOU HEAR ABOUT THIS JOB?

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a. <input type="checkbox"/> Dayton Daily News	f. <input type="checkbox"/> Female Agency _____
b. <input type="checkbox"/> Brookville Star	g. <input type="checkbox"/> Radio/Television
c. <input type="checkbox"/> Other Weekly Newspaper	h. <input type="checkbox"/> A current employee
d. <input type="checkbox"/> Ohio Employment Service	i. <input type="checkbox"/> National Professional Journal
e. <input type="checkbox"/> Minority Agency _____	j. <input type="checkbox"/> Private Employment Agency

*I certify that the above information is true and correct.*

NAME \_\_\_\_\_ DATE \_\_\_\_\_

ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ STATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

**RELEASE AND AUTHORIZATION**  
**READ CAREFULLY BEFORE SIGNING**  
**CHECK THROUGH ENTIRE APPLICATION FOR ERRORS OR OMISSIONS**

I certify that the information I provided in this application is true and complete to the best of my knowledge. I understand that if I am employed, false statements on this application or resume shall be considered sufficient cause for dismissal. The City of Brookville is hereby authorized to make any investigation of the information provided in this application and/or resume.

I hereby authorize any reference, school, former employer, or other person to disclose to the City of Brookville upon request any and all records, documents, or other information, and I release them from liability for disclosing such information to the City of Brookville.

I hereby authorize the City of Brookville to obtain an abstract of my driver's license and/or commercial driver's license as well as a background check so that my qualifications for employment may be reviewed. In the event I am hired, I also authorize the City of Brookville to continue to obtain this information during my employment.

I hereby authorize the City of Brookville to investigate my personal history and financial and credit record, as necessary, through any investigative or credit agency of its choice. Financial and credit check will be conducted in accordance with the Fair Credit Reporting Act. I further understand that the City of Brookville intends to use this information for employment purposes only.

I understand that a physical examination, including a drug screening, may be required before and/or during my employment to assure my physical ability to perform the essential functions and responsibilities of the position. Specific positions may also require the submission of fingerprint impressions to be submitted to the Ohio Bureau of Criminal Investigation and Identification and/or the Federal Bureau of Investigation prior to a hiring decision.

I agree to conform to all existing and future policies and procedures of the City of Brookville, and that the City reserves the right to change wages, hours, and working conditions as deemed necessary. I understand that if employed, I may be required to work additional or less hours as the needs of the organization require, and that my employment is subject to complying with rules, regulations, and conditions as established by management.

I understand that I must provide appropriate documentation of my eligibility to work in the United States as required by the Immigration Reform and Control Act.

I understand that this employment application is not a contract of employment and that any individual who is hired may voluntarily leave employment.

I agree that any claim or lawsuit relating to my service with the City of Brookville must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit, I waive any statute of limitations to the contrary. If hired, this application will become a part of the official employment record.

I hereby acknowledge that I have read and understand the terms of this application and that the information which I have furnished is true to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date