

Human Resources 6131 Taylorsville Road Huber Heights, Ohio 45424 Phone: (937) 233-1423 Fax: (937) 233-1272 www.hhoh.org An Equal Opportunity Employer

## **Application For Employment**

The City of Huber Heights is an Equal Opportunity Employer and prohibits discrimination and harassment of any kind. Qualified applicants are considered for all positions without regard to race, color, religion, sex, age, national origin, military or veteran status, pregnancy status, mental or physical disability or any other status protected by law.

## PLEASE COMPLETE <u>ALL</u> SECTIONS AND <u>EACH</u> QUESTION COMPLETELY AND ACCURATELY

- This employment application is to be used for all internal, external, and seasonal or temporary job postings. We strongly encourage you to provide a resume and cover letter in addition to this application. If you require special accommodations to participate in the application or selection process due to a disability, please contact Human Resources at (937) 237-5825.
- Applications are kept on file for one year. Please keep a copy for your files.
- A separate application must be submitted for each position for which you are applying.
- Applications must specifically reflect all requirements for the position, including experience and/or required courses of study.
   Please answer all questions accurately and completely. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provide is accurate and complete.

Position Applied For: Date Applied:				
Date available for work//				
Name: Social Security Number Last First Middle  Address:				
Number Street City State Zip				
Home Phone: ()				
Cell Phone: ()E-mail address:				
Have you ever been employed by the City of Huber Heights?				
Have you ever applied with the City of Huber Heights?				
If yes, please give Department/Division and date(s):				
I possess: a valid Driver's License D.L.# State				
I possess:   a valid Commercial Driver's License D.L.# State				

## **EDUCATION**

	Name and Address of School	Diploma/Degree	Course of Study
High School		Graduate	
College, University, Business, Technical, Vocational, or Military Academy		Dates Attended (Mo./Yr. to Mo./Yr. Degree:	):
Graduate School or Professional School		Dates Attended (Mo./Yr. to Mo./Yr. Degree:	):
MILITARY SERVICE			
Were you, or are you curr	ently in the US Armed For	ces or subject to a Reserve obl	igation? 🗆 Yes 🗖 No
If yes, what branch?			
Date of Services: From: _	to	Rank:	
EMPLOYMENT HISTO	RY		
knowledge, skills, and abiliticlude internships, verifiable ment.  Begin with your most recent	es to perform the essential funct volunteer activities, self-employr job or assignment first and list of tory may be attached, if necessar	d in previous positions, which demons ions and duties of the job for which you nent, and military experience. Please in each job separately, extending for a perty. A resume is not a substitute for t	u are applying. You may in- nclude any periods of unemploy- riod of 10 years.
May we contact this employer?	☐ Yes ☐ No ☐	Dates of Employment	go
Type of Employment:   Full-	time  Part-time  Season	al/Temporary	
Employer:	F	Position/Title:	
Address:	F	'ay: \$	d  Hourly
City, State, Zip Code:			
Supervisor's name and title:			
Duties & Responsibilities:			
Reason for leaving:			

May we contact this employer? □ Yes □ No	Dates of Employment	to	
Type of Employment: ☐ Full-time ☐ Part-time ☐ Seaso	onal/Temporary		
Employer:	Position/Title:		
Address:	Pay: \$	□ Salaried □	Hourly
City, State, Zip Code:			
Supervisor's name and title:			
Duties & Responsibilities:			
Reason for leaving:			
May we contact this employer? ☐ Yes ☐ No	Dates of Employment	to	
Type of Employment: ☐ Full-time ☐ Part-time ☐ Sea			
Employer:	Position/Title:	1 2 2 2	
Address:			
City, State, Zip Code:			
Supervisor's name and title:			
Duties & Responsibilities:			
Reason for leaving:			
May we contact this employer? ☐ Yes ☐ No	Dates of Employment	to	
Type of Employment: ☐ Full-time ☐ Part-time ☐ Sea		10	
Employer:			
Address: City, State, Zip Code:			Hourry
City, State, Zip Code: Supervisor's name and title:			
Supervisor's name and title:  Duties & Responsibilities:			
Duties & Responsibilities:			
Decome for leavings			
Reason for leaving:			

TRAINING AND OTH	ER QUALIFICATIONS	
Administrative:	Fluency in languages other than English:	Heavy Equipment/Tools:
Typing(wpm)	P 1	
□ Office Equipment	Read Speak	
□ Computer Software	Write	
Give any additional informational which are applicable for tion:		enses or professional certificates that you
Police Applicant: OPOTA	Certified YES NO Currently enrolled in Po	olice Academy Graduation Date:
EMS: Level	Certification # FIRE: Level	Certification #
If not certified as a Paramed	ic or a Level II Firefighter, provide the date expect	ted to receive certification
School where you are attend	ling:	
PROFESSIONAL REF	ERENCES (persons not related to you and excluding superviso	orsi
	the source floor floor related to you and excluding supervisor	115)
1(Name)	(Address)	(Phone Number)
2(Name)	(Address)	(Phone Number)
3(Name)	(Address)	(Phone Number)
APPLICANT STAT		(Filone Number)
and I realize that any, omiss to revocation of any employr. I hereby acknowledge that I, Heights with the understand and suitability for appointm to, interviews, criminal record background investigations, it psychological evaluations, mactually to participate in a poffer of employment. I also a ber Heights, are prerequisited. In addition, I also hereby un of, or information obtained to regarding the Public Recorder tal entity are a matter of public ords, the governmental entitier reasonable time. Employment tifiers, maintained by the Cithe enumerated exceptions.	understand that the City of Huber Heights may in sions, misrepresentation or false information in the ment offer or termination after employment.  voluntarily and of my own free will, have applied ding that the City may use a variety of screening protent. I have been advised that these screening protent checks, driving record checks, polygraph examinational and credit check conducted in accordance actional examinations, and drug testing. I hereby a sychological evaluation, medical examination, or acknowledge that any such screening procedures, as to my appointment to a position with the City of derstand that the City of Huber Heights cannot go through, the aforementioned screening procedures and actional examination of the conducted and, should a proper request be made by would be required to make such records available attributed to the aforementioned screening procedures and the required to make such records available attributed to the aforementioned screening procedures and the related documents, with the exception of certain the related documents.	for employment with the City of Huber procedures to evaluate my qualifications cedures might include, but are not limited inations, written testing, reference checks, ce with the Fair Credit Reporting Act, acknowledge that I would not be required to drug test unless I receive a conditional as reasonably required by the City of Huber Heights.  Guarantee the confidentiality of the results is. Decisions of the Ohio Supreme Court ptions, records maintained by a governmenty a member of the public for such receible to that member of the public within a in medical records and some personal idendures, do not appear to fall within any of the City of Huber Heights, under no legal
and any of its agents, emplo	yees, or related officials from any and all liability, ny such screening procedures and/or the release	whatever the type and nature, resulting
Signature of Applicant	Date	e