

# CITY OF SALEM, OHIO

## Employment Application

**PLEASE TYPE OR PRINT.** Complete the entire application, complete all questions or your application will be deemed incomplete and may not be considered. Please fill out each box. Applicants may request reasonable accommodation in the application/interview process.

APPLICANT INFORMATION			
Last Name:	First:	M.I.	Date:
Street Address:		Apartment/Unit #	
City:	State:	ZIP:	
Phone:	E-mail Address:		
Date Available:	Desired Salary:		
Position Applied for:			
If presently employed, why do you wish to leave your present employer?			
If yes, may we contact present employer?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Have you ever worked for the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?
Have you ever been employed by another public employer in Ohio?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Are you related to anyone employed by the City?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Have you ever been convicted of a misdemeanor other than traffic violation?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Have you had any traffic violations in the past three (3) years?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:
Do you presently have or are you able to obtain an Ohio Commercial Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:

EDUCATION			
High School:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Diploma/GED:	
College:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree:	
Other:		Address:	
From:	To:	Did you graduate? YES <input type="checkbox"/>	NO <input type="checkbox"/>
		Degree:	

MILITARY SERVICE	
Branch:	From: To:

PREVIOUS EMPLOYMENT			
Company:		Phone: (    )	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone: (    )	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company:		Phone: (    )	
Address:		Supervisor:	
Job Title:	Starting Salary \$	Ending Salary \$	
Responsibilities:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference?    YES <input type="checkbox"/> NO <input type="checkbox"/>			

REFERENCES	
<i>Please list three professional references.</i>	
Full Name:	Relationship:
Company:	Phone: (    )
Address:	
Full Name:	Relationship:
Company:	Phone: (    )
Address:	
Full Name:	Relationship:
Company:	Phone: (    )
Address:	

