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:	First:			M.I.	Date:
Street Address:								Apartment/Unit #	
City:				State:	State:			ZIP:	
Phone:				E-mail	E-mail Address:				
Date Available:				Desired Salary:					
Position Applied for:									
If presently employed, why do you wish to leave your present employer?									
			NO 🗌	NO 🗆					
Have you ever worked for the City?			NO 🗌	NO If so, when?					
Have you ever been employed by another public employer in Ohio? YES □			NO 🗆	NO If yes, explain:					
Are you related to anyone employed by the City?			NO 🗌	NO If yes, explain:					
Have you ever been convicted of a felony? YES			NO If yes, explain:						
Have you ever been convicted of a misdemeanor other than traffic violation?			NO 🗆	NO If yes, explain:					
Have you had any traffic violations in the past three (3) years?			NO If yes, explain:						
Do you presently have or are you able to obtain an Ohio Commercial Driver's License?			NO 🗌	NO If yes, explain:					
EDUCATION									
High School:				Address:					
From:	То:	Did you g	raduate?	YES	NO \square	Diploma/0	GED:		
College:				Address:					
From:	rom: To: Did you graduate?		YES	□ NO □ Degree:					
Other:			Address:	Address:					
From: To: Did you graduate?		YES	ES NO Degree:						
MILITARY SERV	/ICE								
Branch:							From:		To:

City of Salem, Ohio Job Application

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 NO							
Company:		Phone: ()					
Address:		Supervisor:					
Job Title:		Starting Salary \$	5	Ending Salary \$			
Responsibilities:							
From: To: Reason for Leaving:							
May we contact your previous supervis	sor for a reference?	NO 🗆					
Company:		Phone: ()				
Address:		Supervisor:					
Job Title:		Starting Salary \$	Ending Salary \$				
Responsibilities:							
From: To:	To: Reason for Leaving:						
May we contact your previous supervisor for a reference? YES NO							
REFERENCES							
Please list three professional reference	25.						
Full Name:		Relationship:					
Company:		Phone: ()				
Address:							
Full Name:		Relationship:	\				
Company:		Phone: ()				
Address: Full Name: Relationship:							
Company:		Phone: ()				
Address:		i none. (1				
, iddi C55.							

QUALIFICATION STATEMENT					
Describe briefly the type of work which you are best qualified to do by any reatraining, and tell why you feel qualified for the position(s) for which you are approximately approximate					
DISCLAIMER AND SIGNATURE					
I certify that my answers are true and complete to the best of my knowledge.					
If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.					
Signature	Date				

City of Salem, Ohio is an Equal Opportunity Educational Institution and EEO/Affirmative Action Employer committed to excellence through diversity. Employment offers are made on the basis of qualifications, and without regard to race, sex, religion, national or ethnic origin, disability, age, veteran status, or sexual orientation.