



APPLICATION FOR EMPLOYMENT

(Please Print in Blue Ink)

Position Being Applied For

Job Title: _____ Date of Application: _____

Referred by: Newspaper Internet School City Employee
 Professional Organization Walk-in Other

Explain all areas marked: _____

Personal Information

Name (Legal): _____
Last First Middle

Address: _____

County: _____ Social Security Number: _____

Primary Phone: _____ Secondary Phone: _____

E-mail Address(es): _____

If you are under 18, can you furnish a work permit? YES NO

Have you been employed here before? YES NO

If yes, list dates of employment and position(s) held. _____

Are you legally eligible for employment in the United States? YES NO
(Proof of U.S. citizenship or immigration status will be required upon employment)

Date Available for Work: _____ Salary Expected: _____ per _____

Type of Employment Desired: Full-time Part-time Other _____

The City of Miamisburg considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legally protected status.

HIGH SCHOOL EDUCATION

High School Graduate? Yes No

Name and Location of High School (City and State) _____

GED Certificate Number _____ GED Issued By _____

Are you currently attending school? Yes No Grade Level? _____

POST-HIGH SCHOOL EDUCATION

Including Technical School, Business School, Professional School, College and University

School Name & Location	Major areas of Study	Type of Degree or Certification

Please list below the specific course work areas at the high school level or beyond relevant to the position for which you are applying. Also indicate the number of courses you have successfully completed in each area. NOTE: A transcript may not be substituted for this section, although you may be required to submit one.

Course Work Area	Number of Courses

TRAINING & OTHER QUALIFICATIONS, INCLUDING VOLUNTEER ACTIVITIES

(Do not include coursework already described above)

Subject or Title of Training	Organization	Length of Training

List special equipment or machines you can operate: _____

List computer software in which you have skills, including word processing, spreadsheet, database, and presentation programs. Please indicate the name of the specific software:

List special clerical skills, including typing: _____

List any additional relevant skills you have: _____

LICENSE, REGISTRATION & CERTIFICATES

Be sure to include any type of driver license

License/Certification Issued by	License/Certification Number	Expires

EMPLOYMENT EXPERIENCE

List your entire work history including military service assignments. Start with your present or most recent job and attach extra copies of this page if additional space is needed. NOTE: In order to be considered for employment, you must fill in the information below accurately and completely. You may submit a resume *IN ADDITION* to completing this section.

Have you ever been discharged or asked to resign from any job? YES NO

If yes, make sure job is listed below and specified.

From Date	Name of Employer	Job Title
To Date	Address	Job Duties
May we contact your employer?	Supervisor	Phone # of Business
Reason for Leaving	Hourly Rate/Salary Starting Final	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>

From Date	Name of Employer	Job Title
To Date	Address	Job Duties
May we contact your employer?	Supervisor	Phone # of Business
Reason for Leaving	Hourly Rate/Salary Starting Final	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>

From Date	Name of Employer	Job Title
To Date	Address	Job Duties
May we contact your employer?	Supervisor	Phone # of Business
Reason for Leaving	Hourly Rate/Salary Starting Final	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>

EMPLOYMENT EXPERIENCE CONTINUED

From Date	Name of Employer	Job Title
To Date	Address	Job Duties
May we contact your employer?	Supervisor	Phone # of Business
Reason for Leaving	Hourly Rate/Salary Starting Final	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>

From Date	Name of Employer	Job Title
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Reason for Leaving	Hourly Rate/Salary Starting Final	Average # Hours Worked Part Time <input type="checkbox"/> Full Time <input type="checkbox"/>

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 Miamisburg 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 Miamisburg upon request any and all records, documents, or other information, and I release them from liability for disclosing such information to the City of Miamisburg.

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

I hereby authorize the City of Miamisburg 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 Miamisburg 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 Miamisburg, 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 Miamisburg 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



EQUAL EMPLOYMENT OPPORTUNITY

The City of Miamisburg considers all applicants for all positions without regard to race, color, religion, gender, national origin, age, disability, veteran status, or any other legal protected status

In an effort to comply with government Equal Employment Opportunity Commission reporting requirements, we invite you to complete this **voluntary** applicant data survey to be used for statistical purposes only. This information will be filed separately from your application for employment and cannot be used for interview purposes or hiring considerations.

Date of Application: _____

Position Applied for: _____

Gender: (Check one) Male Female

Race/Ethnic Identification: (Check one)

White (Not of Hispanic Origin)

Black (Not of Hispanic Origin)

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native

PLEASE REMOVE THIS FORM FROM YOUR APPLICATION

PLEASE DO NOT PLACE YOUR NAME ON THIS FORM



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 by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

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, financial services, 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 section 2909.32 (A)(2)(b) 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
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- 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? Yes No
- 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? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

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. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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Revised November 24, 2010

Current List of Designated Foreign Terrorist Organizations

1. Abu Nidal Organization (ANO)
2. Abu Sayyaf Group (ASG)
3. Al-Aqsa Martyrs Brigade (AAMS)
4. Al-Shabaab
5. Ansar al-Islam (AAI)
6. Asbat al-Ansar
7. Aum Shinrikyo (AUM)
8. Basque Fatherland and Liberty (ETA)
9. Communist Party of the Philippines/New People's Army (CPP/NPA)
10. Continuity Irish Republican Army (CIRA)
11. Gama'a al-Islamiyya (Islamic Group)
12. HAMAS (Islamic Resistance Movement)
13. Harakat ul-Jihad-i-Islami/Bangladesh (HUJI-B)
14. Harakat ul-Mujahidin (HUM)
15. Hizballah (Party of God)
16. Islamic Jihad Union (IJU)
17. Islamic Movement of Uzbekistan (IMU)
18. Jaish-e-Mohammed (JEM) (Army of Mohammed)
19. Jemaah Islamiya organization (JI)
20. Kahane Chai (Kach)
21. Kata'ib Hizballah (KH)
22. Kongra-Gel (KGK, formerly Kurdistan Workers' Party, PKK, KADEK)
23. Lashkar-e Tayyiba (LT) (Army of the Righteous)
24. Lashkar i Jhangvi (LJ)
25. Liberation Tigers of Tamil Eelam (LTTE)
26. Libyan Islamic Fighting Group (LIFG)
27. Moroccan Islamic Combatant Group (GICM)
28. Mujahedin-e Khalq Organization (MEK)
29. National Liberation Army (ELN)
30. Palestine Liberation Front (PLF)
31. Palestinian Islamic Jihad (PIJ)
32. Popular Front for the Liberation of Palestine (PFLP)
33. PFLP-General Command (PFLP-GC)
34. al-Qaida in Iraq (AQI)
35. al-Qa'ida (AQ)
36. al-Qa'ida in the Arabian Peninsula (AQAP)
37. al-Qaida in the Islamic Maghreb (formerly GSPC)
38. Real IRA (RIRA)
39. Revolutionary Armed Forces of Colombia (FARC)

40. Revolutionary Organization 17 November (17N)
41. Revolutionary People's Liberation Party/Front (DHKP/C)
42. Revolutionary Struggle (RS)
43. Shining Path (Sendero Luminoso, SL)
44. United Self-Defense Forces of Colombia (AUC)
45. Harakat-ul Jihad Islami (HUJI)
46. Tehrik-e Taliban Pakistan (TTP)
47. Jundallah