

**EMPLOYMENT
APPLICATION**



CITY OF READING
READING, OHIO
45215

An Equal Opportunity Employer

IDENTIFYING INFORMATION

Name: _____ Social Security Number: _____ - _____ - _____
Last First Middle

Address: _____
Street and Number Apt. City State Zip Code

Telephone: (____) _____ - _____ (____) _____ - _____ Email: _____
Cell Home

Are you eighteen (18) years of age or older? Yes No
Are you legally entitle to work in this country? Yes No
Type of Position Applied For: Full-Time Part-Time Temporary Seasonal
Please describe the type of work you are seeking:

Rate of Pay Desired: _____ per _____ When Can You Start Work? _____

Are there any reasons, other than religious, why you will be unable to work certain hours or days?
 Yes No If "Yes", please explain:

Have you ever applied for a position with the City of Reading before? Yes No
If "Yes", please explain:

PRESENT OR MOST RECENT EMPLOYMENT

(Include appropriate volunteer experiences)

Name of Employer _____ Type of Organization _____

Address _____ Telephone (____) _____ - _____
Street and Number City State Zip Code

Job Title: _____ Employment Dates: _____ Starting Pay Rate: _____ Current or Last Rate: _____
_____ / _____ to _____ / _____
Month/Year Month/Year

Description of Work:

Supervisor: _____
Name: Title:

May we contact your employer?

Reason for Leaving: _____ Yes No

PRIOR EMPLOYERS (List in Reverse Order)

(Use additional pages, if needed)

Name of Employer _____ Type of Organization _____

Address _____ Telephone (____) _____ - _____
Street and Number City State Zip Code

Job Title: _____ Employment Dates: _____ Starting Rate: _____ Last Rate: _____
_____ / _____ to _____ / _____
Month/Year Month/Year

Description of Work:

Supervisor's Name: _____ Title: _____
Reason for Leaving: _____

Name of Employer _____ Type of Organization _____

Address _____ Telephone (____) _____ - _____
Street and Number City State Zip Code

Job Title: _____ Employment Dates: _____ Starting Rate: _____ Last Rate: _____
_____ / _____ to _____ / _____
Month/Year Month/Year

Description of Work:

Supervisor's Name: _____ Title: _____
Reason for Leaving: _____

Name of Employer _____ Type of Organization _____

Address _____ Telephone (____) _____ - _____
Street and Number City State Zip Code

Job Title: _____ Employment Dates: _____ Starting Rate: _____ Last Rate: _____
_____ / _____ to _____ / _____
Month/Year Month/Year

Description of Work:

Supervisor's Name: _____ Title: _____
Reason for Leaving: _____

SKILLS

List specific machinery, equipment (including office equipment), which you are able to operate and which you believe may be important in the job for which you are applying.

EDUCATION

Circle highest grade or year completed at each level	Name of School	City	State	Dates from to	Degree or Diploma
High School or GED 1 2 3 4					
Technical School 1 2 3 4					
College 1 2 3 4					
Graduate School 1 2 3 4					

List academic honors and scholarships:

Describe extracurricular activities including offices or positions of leadership held:

OTHER GENERAL INFORMATION

Have you ever been employed by a public agency? Yes No

Agency: _____ Position: _____ Dates: from _____ to _____

Do you have any relatives or friends who work for the City of Reading? Yes No

If "Yes", please list their names: _____

Do you possess a valid State of Ohio Driver's License? Yes No _____ License Number

Do you possess a valid State of Ohio CDL License? Yes No _____ License Number

Veterans of the United States Armed Forces with discharges other than dishonorable may apply for special consideration under the employment policies of the City of Reading. This includes veterans of the various reserve forces and the National Guard. Do you qualify for these considerations? ____ Yes ____ No
 If "Yes", please include a copy of your discharge papers with this application.

List prior addresses held within the last 10 years:

Street	City	State	From	To

Please provide any additional information which you believe to be related to making a hiring decision for the job for which you have applied:

I certify that the information provided on this application is true and complete to the best of my knowledge. I understand that any misrepresentation of fact will be sufficient reason to disqualify me from consideration for employment, or may be grounds for dismissal if I am employed when such misrepresentation becomes known.

I hereby authorize the City of Reading, its agents, or representatives, to investigate or cause an investigation to be made of my employment experience, education, and all other aspects of my background relevant to my proposed employment, including all statements made by me in my application for employment. I understand that any job offer is contingent upon receipt by the City of Reading of employment references acceptable to the City of Reading. I also agree to release the City of Reading, its agents or representatives, as well as any person to whom inquiries are directed, from any liability arising directly or indirectly from such investigation.

If employed, I agree to abide by the rules and regulations of the City of Reading.

Applicant Signature: _____ Date: _____

It is the policy of the City of Reading, Ohio, to provide equal employment opportunities to qualified candidates without regard to race, color, religion, sex, national origin, handicap or disability, status as a veteran or disabled veteran of the United States Armed Forces, or age over forty years. Questions regarding this policy should be directed to the Civil Service Commission.

COMPLETED APPLICATIONS SHOULD BE FILED WITH THE CIVIL SERVICE COMMISSION,
 CITY OF READING, READING, OHIO 45215.