

CIVIL SERVICE APPLICATION

for the City of Greenville

The City of Greenville is an Equal Opportunity Employer

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Copies are acceptable. Applications lacking sufficient information will be rejected. It is your responsibility to assure that your application is received or postmarked by the closing date, as required by the hiring agency. Please be sure to fill out all sides of the form. Also please note that this completed form will become a public record when submitted to a government agency.

If applying for a **VACANT POSITION**, fill in the information below:

Job Title _____ Position Control Number (PCN) _____
 Agency _____ (if applicable) Deadline Date _____

If applying for a **CIVIL SERVICE EXAMINATION**, fill in the information in the area below. For civil service examinations, a resume may *not* be used as a substitute for completing this application. Check the "Military Credit Claim" box to request Military Credit. **NOTE:** In order to claim U.S. military service credit on your examination score, you must submit a *copy* of your Honorable Separation from active duty or DD214 with this application, and be a current resident of the state of Ohio.

Exam Title _____ Exam No. _____
 Deadline Date _____ Military Credit Claim

SUMMARY OF QUALIFICATIONS

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the **Minimum Qualifications** and any position-specific qualifications posted for this position or examination. *Be sure to provide details of your background on the other side of this application.*

PERSONAL INFORMATION

Last Name _____ First Name _____ MI _____
 Home Address _____
 City _____ State _____ Zip _____ County _____
 Home Phone (____) _____ Work Phone (____) _____
 Social Security Number - -

The following information will be used only if it is directly related to the position or examination for which you are applying:

1. Are you willing and able to secure an Ohio Driver License, if a license is required? Yes No
2. If the position requires travel, can you supply your own transportation? Yes No
3. Have you even been employed in the city, state, or county service of Ohio? Yes No
 If you are currently a city employee: Job Title _____ B. U. _____
4. Have you ever been convicted of a felony? Yes No
 (A felony conviction may not automatically exclude you from consideration.)

If you answered "YES" to question #3 or #4, please explain fully, indicating by number the question to which you are responding.

LICENSES, REGISTRATION, AND CERTIFICATES

Be sure to include any valid driver license or commercial driver license if required for the job title.

License/Certification Issued by	Field/Trade/Specialization	License/Certificate Expires

SOCIAL SECURITY NUMBER NOTICE

Social Security Numbers (SSNs) are used to match individuals with their application/examination file. Disclosure of your SSN is voluntary; however, a nine-digit number is necessary to process your application. Upon appointment and pursuant to Section 5101.312 of the Revised Code and certain other laws and regulations, a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information or general employee identification.

CERTIFICATION

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment, and that drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Greenville Civil Service Commission, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

APPLICANT SIGNATURE _____

DATE _____

DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY

Approved Education Late Analyst
 Disapproved Experience Incomplete Other

EXPERIENCE

In the areas below, please list your past work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **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. If applying for a civil service examination, only the information provided below will be considered. A resume may not be used. **IF YOU NEED ADDITIONAL SPACE, ATTACH EXTRA COPIES OF THIS PAGE.**

Employer _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Reason for Leaving _____
 Job Title _____ Job Duties _____

 From ____/____/____ To ____/____/____
 Salary _____
 Supervisor's Name _____
 Supervisor's Title _____

Employer _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Reason for Leaving _____
 Job Title _____ Job Duties _____

 From ____/____/____ To ____/____/____
 Salary _____
 Supervisor's Name _____
 Supervisor's Title _____

Employer _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Reason for Leaving _____
 Job Title _____ Job Duties _____

 From ____/____/____ To ____/____/____
 Salary _____
 Supervisor's Name _____
 Supervisor's Title _____

Employer _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Reason for Leaving _____
 Job Title _____ Job Duties _____

 From ____/____/____ To ____/____/____
 Salary _____
 Supervisor's Name _____
 Supervisor's Title _____

Employer _____ Phone (____) _____
 Address _____ City _____ State _____ Zip _____
 Reason for Leaving _____
 Job Title _____ Job Duties _____

 From ____/____/____ To ____/____/____
 Salary _____
 Supervisor's Name _____
 Supervisor's Title _____

APPLICANT SURVEY

Please do not tear off this section. Agency personnel will detach and process this section separately.

NOTE: We request the information below on this Applicant Survey in order to assist our equal employment opportunity efforts. This information is *voluntary* and will in no way affect the processing of your application or your being considered for employment.

This Applicant Survey should be submitted with the Greenville Civil Service Application. The agency will process this survey separately and use the information for statistical purposes only.

Date _____
Name _____
Street Address _____
City, State, Zip _____

If you are applying for a specific position, please indicate:

Job Title _____
Position Control Number (PCN) _____
Agency/Department _____

If you are applying for a civil service examination, please indicate:

Exam No. _____
Exam Title _____

How did you learn about this position or examination?

- Centralized Recruitment Office
- Civil Service test announcement
- Electronic/computer posting
- Paper vacancy posting
- Newspaper
- Other _____

TO AGENCY PERSONNEL:

SEX

- Male Female

DATE OF BIRTH

Month Day Year

RACE

- White Persons having origins in any of the original peoples of Europe or the Middle East.
- Black Persons having origins in any of the black racial groups of Africa.
- Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
- Native American or Alaskan Native Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
- Asian/Pacific Islanders Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands.

DISABILITY

Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?
 Yes No

VETERAN STATUS

Are you a Veteran?
 Yes No
 Disabled Veteran
 Vietnam Era Vet
 Desert Storm/ Shield Veteran

Detach and store separately