

# 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) \_\_\_\_\_  
 (If applicable)

Agency \_\_\_\_\_ 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. \_\_\_\_\_  Military Credit Claim

Deadline Date \_\_\_\_\_

### 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.*

DO NOT WRITE IN THIS SPACE - FOR INTERNAL USE ONLY

Approved  Education  Late  Analyst

Disapproved  Experience  Incomplete  Other \_\_\_\_\_

### PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ NI1 \_\_\_\_\_

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:

- Are you willing and able to secure an Ohio Driver License, if a license is required?  Yes  No
  - If the position requires travel, can you supply your own transportation?  Yes  No
  - 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. \_\_\_\_\_
  - 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 \_\_\_\_\_

## 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 in 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 \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year  
 Salary \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Supervisor's Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year  
 Salary \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Supervisor's Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year  
 Salary \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Supervisor's Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year  
 Salary \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Supervisor's Title \_\_\_\_\_

Employer \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Reason for Leaving \_\_\_\_\_  
 Job Title \_\_\_\_\_ Job Duties \_\_\_\_\_

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Month Day Year Month Day Year  
 Salary \_\_\_\_\_  
 Supervisor's Name \_\_\_\_\_  
 Supervisor's Title \_\_\_\_\_

## EDUCATION

Name and Location of High School (city and state) \_\_\_\_\_

High School Graduate  Yes  No

GED Certificate Number \_\_\_\_\_

GED Issued by \_\_\_\_\_

Are you currently attending school (for College Intern and Student Help positions)?  Yes  No

Level \_\_\_\_\_

**POST-HIGH SCHOOL EDUCATION**  
 INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION

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

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES

**TRAINING AND OTHER QUALIFICATIONS**  
 (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 skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software \_\_\_\_\_

List special clerical skills, including typing and shorthand \_\_\_\_\_

Typing Speed \_\_\_\_\_

List any additional relevant skills you have \_\_\_\_\_

**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 \_\_\_\_\_

**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**

**VETERAN STATUS**

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

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

TO AGENCY PERSONNEL:

Detach and store separately