



## CITY OF SPRINGBORO

320 West Central Avenue, Springboro, Ohio 45066  
Phone: (937) 748-4343 Fax (937) 748-0815

### **Application for Employment** (Please Print or Type)

Position(s) applied for: \_\_\_\_\_ Date of application \_\_\_\_/\_\_\_\_/\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

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

Have you ever been employed here before?  YES  NO

Are you eligible for continued employment in the United States?  YES  NO

Date available for work: \_\_\_\_/\_\_\_\_/\_\_\_\_ Salary Expected: \_\_\_\_\_ per \_\_\_\_\_

Type of Employment Desired:  Full Time  Part Time  Seasonal

Will you submit to any pre-employment testing designed to determine whether or not you are able to perform the essential functions of the job for which you are applying?  YES  NO

Do you have any relatives employed by the City of Springboro?  YES  NO. If you answered "YES", what is your relationship to the employee \_\_\_\_\_

*Remainder of this page left blank intentionally.*

Revised: 12/15

The City of Springboro is an EQUAL OPPORTUNITY EMPLOYER



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EDUCATION	Elementary	High School	College/University	Graduate/Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Did you graduate?	Yes No	Yes No	Yes No	Yes No
Course(s) of Study				
Describe any Specialized Training and Skills				

Employment History - (List your last three (3) employers, assignments or volunteer activities, starting with the most recent.)

Worked at this location From: _____ To: _____ Employer: _____ Job title: _____ Employer Address: _____ Immediate Supervisor: _____ Employer Phone Number: _____ May we contact this supervisor? _____ YES _____ NO Summarize the nature of work performed and your job responsibilities: _____  Reason for leaving: _____ Final Hourly Rate or Salary: _____	Worked at this location From: _____ To: _____ Employer: _____ Job title: _____ Employer Address: _____ Immediate Supervisor: _____ Employer Phone Number: _____ May we contact this supervisor? _____ YES _____ NO Summarize the nature of work performed and your job responsibilities: _____  Reason for leaving: _____ Final Hourly Rate or Salary: _____	Worked at this location From: _____ To: _____ Employer: _____ Job title: _____ Employer Address: _____ Immediate Supervisor: _____ Employer Phone Number: _____ May we contact this supervisor? _____ YES _____ NO Summarize the nature of work performed and your job responsibilities: _____  Reason for leaving: _____ Final Hourly Rate or Salary: _____
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I certify that the information contained in this application is true to the best of my knowledge and belief. I understand that any misrepresentation of fact, as stated or implied, on this or any other employment form, may subject me to disciplinary action, up to and including termination of employment. Employment with the City is at-will, unless otherwise governed by statute, regulation or ordinance.

I understand the City is in no way obligated to provide employment and that I am in no way obligated to accept employment. This application does not bind either party for a specific period of time regarding employment and the statements herein do not constitute any sort of contract of employment.

I understand investigation of all statements contained in this application for employment may be necessary in arriving at an employment decision by the City.

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Signature of Applicant

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Date