



CITY OF CHILlicothe

EMPLOYMENT APPLICATION



Applications are accepted only for active job postings and a separate application is required for each position.

Unless otherwise indicated on job posting, applications & supporting documents must be submitted by email to HR@chillicotheoh.gov or by U.S. Mail to Human Resources, 35 S. Paint St., Chillicothe, OH 45601 no later than midnight on closing date.

The City of Chillicothe provides equal employment opportunities to all people regardless of age, race, color, religion, ancestry, national origin, or disability.

Requests for accommodations in the application, selection process and employment may be made to the Human Resources Department.

PLEASE PRINT LEGIBLY & PROVIDE COMPLETE ANSWERS FOR EACH SECTION

POSITION APPLYING FOR: _____

PERSONAL INFORMATION

Name: _____
(Last Name) (First Name) (Middle Initial)

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Alt. Phone: _____

Email: (Required): _____ Soc. Sec. No. (last 4 digits) _____

May we contact your current/past employers? Yes _____ No _____

VETERANS CREDIT

Applicants honorably discharged from active duty in the U.S. Armed Forces are eligible to receive additional credit of 20% added to their passing exam score. A legible copy of DD214 showing discharge as "Honorable or Under Honorable Conditions" is required and must be submitted with the application but not later than the date of the examination order to receive credit.

Do you wish to receive veteran's credit? Yes _____ No _____

LICENSE INFORMATION (for positions that require a valid operator's license or commercial driver's license (CDL))

Do you have a valid Ohio Driver's License: Yes _____ No _____ CDL? Yes _____ No _____ Class: _____

Endorsements: _____ Date Issued: _____

Please list other license/certifications and issue date(s) for positions that require specific license/certification:

EMPLOYMENT HISTORY (May include volunteer work if that work provided position-related experience)

Current/Most Recent Job:

Employer: _____ City/ST: _____

Job Title _____

Phone Number: _____ Supervisor: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties:

Next Most Recent Job:

Employer: _____ City/ST: _____

Job Title _____

Phone Number: _____ Supervisor: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties:

Next Most Recent Job:

Employer: _____ City/ST: _____

Job Title _____

Phone Number: _____ Supervisor: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties:

Other Related Employment:

Employer: _____ City/ST: _____

Job Title _____

Phone Number: _____ Supervisor: _____

Dates of Employment: _____ Reason for Leaving: _____

Duties:

EDUCATION & TRAINING:

High School

School Name: _____ City/ST: _____

Did you graduate? Yes _____ No _____

College or University

School Name: _____ City/ST: _____

Did you graduate? Yes _____ No _____ Degree or Course of Study: _____

Vocational, Technical or Business School:

School Name: _____ City/ST: _____

Did you graduate? Yes _____ No _____ Degree or or Course of Study: _____

Please describe below any additional skills, training, qualifications you have that are related to the position you are applying for, including any experience or training with special equipment, tools or machines:

REFERENCES

Please list 3 references who are not related to you

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

ACKNOWLEDGEMENT (Please carefully read each statement below and initial to indicate understanding & acceptance):

- I understand that I must have the ability to perform the essential job functions with or without a reasonable accommodation. _____
- I consent, as a condition of employment, to taking a drug test if an employment offer is made and at offer times during employment for random testing (for safety-sensitive positions, under reasonable suspicion and post-accident)? _____
- I understand that regular & punctual attendance is required as a condition of employment with the City of Chillicothe. _____
- I understand that for up to 90 work-days, employment is probationary and at the discretion of the City of Chillicothe. _____
- I authorize the City of Chillicothe to make any investigation it considers necessary in regard to your application. _____
- I certify that the information contained in this application and all supporting documents are correct, to the best of my knowledge, and understand that falsification of employment records is grounds for dismissal regardless of the date such falsification is discovered. _____
- I certify that all answers & information provided is true & accurate the best of my knowledge and understand that falsification of application, employment records and/or proof of job requirements is grounds for dismissal regardless of the date such falsification is discovered. _____

Applicants Name (Printed): _____

Applicant's Signature: _____ Date: _____



City of Chillicothe Workforce Diversity

Applicant Self-Identification of Race/Ethnicity



PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

The City of Chillicothe is subject to certain nondiscrimination and affirmative action record-keeping and reporting requirements which require the employer to invite employees to voluntarily self-identify their race/ethnicity. Submission of this information is **VOLUNTARY** and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable federal laws, executive orders, and regulations, including those which require the information to be summarized and reported to the Federal Government for civil rights enforcement purposes.

If you choose not to self-identify your race/ethnicity at this time, the federal government requires us to determine this information by visual survey and/or other available information.

For civil rights monitoring & enforcement purposes only, all race/ethnicity information will be collected and reported in the seven categories identified below. The definitions for each category have been established by the federal government. If you choose to voluntarily self-identify, you may mark only one of the boxes presented below. For questions, please contact Tamra Lowe, Director of Human Resources/Compliance Officer at (740)773-1211 or email tamra.lowe@chillicotheoh.gov.

INVITATION TO SELF-IDENTIFY

PLEASE ANSWER THE FOLLOWING QUESTION

Please mark the **one box** that describes the race/ethnicity category with which you primarily identify.

Hispanic or Latino: a person of Cuban, Mexican, Chicano, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

White: a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American: a person having origins in any of the black racial groups of Africa.

Asian: a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or Other Pacific Islander: a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

American Indian or Alaska Native: a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

Two or More Races: a person who primarily identifies with two or more of the above race/ethnicity categories.