



CITY OF PORTSMOUTH

EMPLOYMENT APPLICATION

55 Mary Ann Street
Portsmouth, Ohio 45662
740-354-7766

APPLICATION INFORMATION

The City of Portsmouth is an Equal Opportunity Employer, committed to hiring, training, and promoting individuals without regard to race, color, religion, gender national origin, marital status, age, or disability

Full Name: _____ Date: _____
Last First Middle

Social Security No.: _____ - _____ - _____ Driver's License No: _____ State: _____

(Completion of SSN is optional. Failure to submit SSN on this application will not prohibit employment consideration, SSN may be required on other forms prior to employment. A valid Ohio Driver's License is required for employment)

Current Address: _____
Street City State Zip Code

Phone: (Home) _____ (Cell) _____

- | | <u>Yes</u> | <u>No</u> |
|---|--------------------------|---|
| Are you a citizen of the United States? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are you a resident of Scioto County? | <input type="checkbox"/> | <input type="checkbox"/> (Residence required by City Ordinance) |
| Have you previously been employed by the City? | <input type="checkbox"/> | <input type="checkbox"/> If Yes, When? _____ |
| Have you ever been convicted of a crime?
explain: _____ | <input type="checkbox"/> | <input type="checkbox"/> If yes, Explain: _____ |
| Do you have any driver's license endorsements? | <input type="checkbox"/> | <input type="checkbox"/> If Yes, Describe _____ |
| If your application is considered favorably, on what day will you be able to start? _____ | | |

EDUCATION AND TRAINING

Check highest grade completed 7 8 9 10 11 12

If you did not complete High School, did you receive a GED? Yes No

Check number of years post high school education 1 2 3 4 5

Name of Institute	Hours	Degree	Major or Specialty

MILITARY SERVICE

Branch: _____ From: _____ To: _____

Rank at Discharge: _____ Type of Discharge: _____

If other than honorable, explain: _____

If you are/were required to register for the Selective Service, have you done so? Yes No

EXPERIENCE AND TRADES

I have experience and have performed the following skills. Check the boxes that apply.

- | | | |
|---|--|--|
| <input type="checkbox"/> Truck Driving (Class A or B CDL) | <input type="checkbox"/> Welding | <input type="checkbox"/> Masonry / Concrete |
| <input type="checkbox"/> HVAC | <input type="checkbox"/> Electrical Wiring | <input type="checkbox"/> Plumbing / Pipefitting |
| <input type="checkbox"/> Heavy Equipment | <input type="checkbox"/> Painting | <input type="checkbox"/> Asphalt Paving / Repair |
| <input type="checkbox"/> Carpentry | <input type="checkbox"/> Mechanical | <input type="checkbox"/> Hydraulics |
| <input type="checkbox"/> Office | <input type="checkbox"/> Computer/Keyboard | |

Other Skill not listed: _____

PREVIOUS EMPLOYMENT

List your last four employers beginning with your current or most recent. All Date are Month & Year

From: _____ To: _____ Employer: _____ Salary: _____
Address: _____ Phone: _____
Job Title: _____ Name of Supervisor: _____
Duties: _____
Reason for Leaving: _____

From: _____ To: _____ Employer: _____ Salary: _____
Address: _____ Phone: _____
Job Title: _____ Name of Supervisor: _____
Duties: _____
Reason for Leaving: _____

From: _____ To: _____ Employer: _____ Salary: _____
Address: _____ Phone: _____
Job Title: _____ Name of Supervisor: _____
Duties: _____
Reason for Leaving: _____

From: _____ To: _____ Employer: _____ Salary: _____
Address: _____ Phone: _____
Job Title: _____ Name of Supervisor: _____
Duties: _____
Reason for Leaving: _____

REFERENCES

Please list three references – do not list relatives or former employees

Name: _____ Relationship: _____ Phone: _____
Address: _____ Years Known: _____

Name: _____ Relationship: _____ Phone: _____
Address: _____ Years Known: _____

Name: _____ Relationship: _____ Phone: _____
Address: _____ Years Known: _____

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I AUTHORIZE THE CITY OF PORTSMOUTH TO MAKE AN INVESTIGATION OF ANY FACTS SET FORTH IN THIS APPLICATION.

Signature

Date