

FOR OFFICE USE ONLY: Date Returned _____ Time Returned _____ # Returned _____ Initials _____
Fee Paid _____ Method of Payment Cash Check Money Order
**Please note: There will be a \$20 fee added for returned checks which must be paid in order to move forward with testing.

APPLICATION FOR EMPLOYMENT/PROMOTION

VILLAGE OF ST. BERNARD

CIVIL SERVICE COMMISSION

110 WASHINGTON AVENUE, ST. BERNARD, OHIO 45217

**THIS APPLICATION WILL NOT BE CONSIDERED FOR EMPLOYMENT
WITH THE VILLAGE, UNLESS FULLY COMPLETED AND \$15 FEE PAID.**

PLEASE PRINT

Date of Application _____

Position(s) applied for _____

Type of Position applied for:

full time

part time

temporary

seasonal

When are you available for work? _____

Name _____

Address _____

Home Phone Number _____ Other Phone Number _____

Social Security Number _____ Date of Birth _____

List all residences within the last ten years:

<u>To/From</u>	<u>Number/Street</u>	<u>City</u>	<u>State</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 1. a. Are you at least 18 years of age? YES NO
- b. FOR UNIFORMED POLICE RECRUIT JOBS ONLY:
 Are you at least 21 years of age? YES NO
- c. FOR UNIFORMED FIRE RECRUIT JOBS ONLY:
 Are you at least 18 years of age? YES NO

2. Have you been employed by the City of St. Bernard or the St. Bernard- Elmwood Place Schools before? YES NO
Date: from _____ to _____ Position _____

3. Have you ever been employed by another public agency? YES NO
Date: from _____ to _____ Position _____

4. Do any of your friends or relatives work here? YES NO
If yes, list name(s) _____

5. Do you possess a valid drivers License? YES NO

License Number _____ State: _____ **(MUST BE COMPLETED OR APPLICATION VOID)**

6. Do you possess a valid CDL license? YES NO

License Number _____ State: _____

7. Have you ever had your drivers or CDL license revoked or suspended? YES NO

8. List all driving citations/summons you have received as an adult.

<u>Month/Year</u>	<u>Charge</u>	<u>City or State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Have you ever been convicted of a felony? YES NO

If yes, describe in full _____

Note: Disclosure of convictions does not automatically disqualify you from employment consideration.

10. Do you have any physical limitations which might preclude you from performing the essential job functions for which position you are applying?

YES NO

explain _____

Note: The City of St. Bernard invites applicants with disabilities to voluntarily identify themselves and discuss the accommodations that may be required.

11. Are you a citizen of the United States? YES NO

EDUCATION

	Elementary	High	College University	Graduate Professional
School name and Address				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

Honors Received: _____

CITY USE ONLY: _____

MILITARY SERVICE RECORD

Are you a veteran of the U. S. Military Service? YES NO
If yes, what type of duty? RESERVE NATIONAL GUARD REGULAR

If yes, what branch? _____

Dates of duty: From _____

To _____

Rank at discharge _____

List duties in the service, including special training _____

(ATTACH COPY OF PROOF OF ACTIVE DUTY)

State any additional information you feel may be helpful to us in considering your application: _____

PERSONAL REFERENCES (not former employers or relatives)

Name and Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMPLOYMENT EXPERIENCE

List each job held. Start with your Present or Last Job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

1 Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly, Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	Full Time _____	(30 or more hrs. per week)	
	Part Time _____	(No. of hrs. per week _____)	

2 Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly, Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	Full Time _____	(30 or more hrs. per week)	
	Part Time _____	(No. of hrs. per week _____)	

3 Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly, Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	Full Time _____	(30 or more hrs. per week)	
	Part Time _____	(No. of hrs. per week _____)	

4 Employer	Dates		Work Performed
	From	To	
Address			
Job Title	Hourly, Rate/Salary		
	Starting	Final	
Supervisor			
Reason for Leaving	Full Time _____	(30 or more hrs. per week)	
	Part Time _____	(No. of hrs. per week _____)	

List other skills and qualifications not noted that are pertinent to the position for which you have applied: _____

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin.): _____

Are you on lay-off subject to recall? YES NO

If yes, explain _____

May we contact your present employer? YES NO

APPLICANT'S CERTIFICATE AND RELEASE

(Read Carefully Before Signing)

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if I am hired. I hereby authorize any present or former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any and all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records. All applicants for positions will be required to take a Polygraph (Lie Detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

(Signature) _____
First Name Middle Name (if any) Last Name (Date)

Address (please print) _____

City _____ State _____ Zip Code _____

(Note: Changes in address and phone number must be reported to the Civil Service Commission promptly or this application will be considered invalid.)

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview YES NO

Remarks _____

Interviewer Date

Employed YES NO Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____
Name and Title Date
