



## Employment Application

(Please print clearly)

15 S. College Ave.  
Oxford, OH 45056  
513.524.5200  
Fax: 513.523.7298

**Applicant Information**

Full Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
*Last* *First* *M.I.*

Department applying for:    City Admin.    Community Dev.    Finance    Fire    Parks / Rec    Police    Service  
 Position applying for (please specify): \_\_\_\_\_    How did you learn about job opening: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Street Address* *E-Mail Address*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Daytime Phone: ( ) \_\_\_\_\_ Mobile: ( ) \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
*Street Address*

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_  
 Phone: ( ) \_\_\_\_\_ E-mail Address: \_\_\_\_\_

Are you a citizen of the United States?	YES	NO	If no, are you authorized to work in the U.S.?	YES	NO
Have you previously been employed by the City?	YES	NO	If yes, when? _____		
Do you have a valid driver's license?	YES	NO			
If no, is there any reason that would prevent you from obtaining one?	YES	NO	If yes, please explain: _____ _____		

If your application is considered favorably, on what date will you be able to start work?  
 \_\_\_\_\_

If considering part-time work, please specify availability.  
 \_\_\_\_\_

**Education**

	NAME & LOCATION OF SCHOOL	GRADUATED		MAJOR	DIPLOMA/ DEGREE OR CREDIT HRS
		YES	NO		
High School		YES	NO		
College/Univ		YES	NO		
College/Univ		YES	NO		
College/Univ		YES	NO		

Other Training/Education: \_\_\_\_\_

**Military Service**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_  
 Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
 If other than honorable, explain: \_\_\_\_\_

Resume Attached: Yes No Previous Employment must be completed even if resume is attached.

**Previous Employment**

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_  
Address: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_  
Responsibilities: \_\_\_\_\_  
From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
YES NO  
May we contact your previous supervisor for a reference?

**Additional Experience**

Are there any other experiences, skills, or qualifications which you feel would especially qualify you for work with the City of Oxford?

**References**

(Do not list relatives or former employers)

Full Name	Home Address	Phone	Business	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 me being denied employment or later released as an employee. I authorize the City to make an investigation of any facts set forth in this application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin, or other protected classification.*



## Voluntary Applicant Data Form

This information is used to determine if our recruitment efforts are reaching all segments of the population, consistent with the Federal equal employment opportunity laws. Completion of this form is voluntary.

<b>Name (Last, First, Middle Initial)</b>		<b>Position Applied For:</b>			
<b>Address</b>					
<b>Birth Date</b>	<b>Home Phone</b>	<b>Cell Phone</b>			
<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Email</b>	<b>Veteran</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Ethnic Origin (Please Check One)</b>  <input type="checkbox"/> <b>Hispanic or Latino:</b> A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.  Not Hispanic or Latino  <input type="checkbox"/> <b>American Indian or Alaska Native:</b> A person having origins in any of the original peoples of North or South America (including Central America), and who maintains tribal affiliation or community attachment.  <input type="checkbox"/> <b>Asian:</b> 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, Thailand, Vietnam or the Philippine Islands.  <input type="checkbox"/> <b>Black or African American:</b> A person having origins in any of the black racial groups of Africa.  <input type="checkbox"/> <b>Native Hawaiian or Other Pacific Islander:</b> A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Island.  <input type="checkbox"/> <b>White:</b> A person having origins in any of the original peoples of Europe, the Middle East or North Africa.  <input type="checkbox"/> <b>Two or More Races:</b> Not hispanic or latino					
<b>How did you find out about this job?</b> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>01 – Employee Referral</b>   <input type="checkbox"/> <b>03 - Professional Publication</b>   <input type="checkbox"/> <b>05 – Newspaper</b>   <input type="checkbox"/> <b>07 - Human Resources Office</b> </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> <b>02 - Job Fair (specify):</b> _____   <input type="checkbox"/> <b>04 - Internet ad</b>   <input type="checkbox"/> <b>06 - Social Media (specify)</b> _____   <input type="checkbox"/> <b>Other(specify):</b> _____           </td> </tr> </table>				<input type="checkbox"/> <b>01 – Employee Referral</b>  <input type="checkbox"/> <b>03 - Professional Publication</b>  <input type="checkbox"/> <b>05 – Newspaper</b>  <input type="checkbox"/> <b>07 - Human Resources Office</b>	<input type="checkbox"/> <b>02 - Job Fair (specify):</b> _____  <input type="checkbox"/> <b>04 - Internet ad</b>  <input type="checkbox"/> <b>06 - Social Media (specify)</b> _____  <input type="checkbox"/> <b>Other(specify):</b> _____
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SIGNATURE OF APPLICANT \_\_\_\_\_ DATE \_\_\_\_\_