

The City of Alliance

CIVIL SERVICE APPLICATION

The City of Alliance is an Equal Opportunity Employer and provider of ADA services.

POSITION:	DEPARTMENT:
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Please submit one application per position to the address indicated on the job posting. Applications lacking sufficient information will not be processed. Please ensure your application is received or postmarked by the closing date, as required by the hiring department. Please be sure to complete the entire application. Also note that once submitted to a governmental agency, this completed form will be subject to all applicable public records laws.

PLEASE TYPE OR PRINT CLEARLY IN INK

NAME: (Last, First, Middle)	DATE OF BIRTH – Year Not Required
	Month Day

ADDRESS: (Street, City, State, ZIP Code)	Are you an Alliance City resident for at least 12 months? <input type="checkbox"/> Yes <input type="checkbox"/> No
<u>Residency Bonus Points may apply. Please a copy of your driver’s license AND a bank statement, credit card invoice or utility bill for from 12 months ago as proof of residency with this application for possible additional bonus points.</u>	

HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:
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DRIVER’S LICENSE: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> CDL <input type="checkbox"/> CLASS	LEGAL RIGHT TO WORK IN THE U.S.: <input type="checkbox"/> Yes <input type="checkbox"/> No
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PREFERENCES

PREFERRED SALARY:	ARE YOU WILLING TO RELOCATE? <input type="checkbox"/> Yes <input type="checkbox"/> No
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WHAT TYPE OF JOB ARE YOU LOOKING FOR?
<input type="checkbox"/> Regular <input type="checkbox"/> Temporary/Seasonal <input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Contract

SHIFTS YOU WILL ACCEPT:
<input type="checkbox"/> Day <input type="checkbox"/> Afternoon <input type="checkbox"/> Night <input type="checkbox"/> Rotating <input type="checkbox"/> Weekends <input type="checkbox"/> On Call (as needed)

EDUCATION

HIGH SCHOOL NAME:	LOCATION: (City, State)	DID YOU GRADUATE: <input type="checkbox"/> Yes <input type="checkbox"/> No
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CHECK YEAR COMPLETED: <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	OBTAINED GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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SCHOOL NAME: (College/University)	LOCATION: (City, State)
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CHECK YEAR COMPLETED: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6	DID YOU GRADUATE? <input type="checkbox"/> Yes <input type="checkbox"/> No	MAJOR:
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DEGREE RECEIVED:	NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
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SCHOOL NAME: (College/University)	LOCATION: (City, State)
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CHECK YEAR COMPLETED: __1__ __2__ __3__ __4__ __5__ __6__	DID YOU GRADUATE? ____ Yes ____ No	MAJOR:
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DEGREE RECEIVED:	NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
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SCHOOL NAME: (College/University)	LOCATION: (City, State)
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CHECK YEAR COMPLETED: __1__ __2__ __3__ __4__ __5__ __6__	DID YOU GRADUATE? ____ Yes ____ No	MAJOR:
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DEGREE RECEIVED:	NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
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EMPLOYMENT HISTORY

Please list your work experience beginning with your most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** To be considered for employment, you must fill in the information below, accurately and completely. You may submit a resume **in addition** to completing this section. If applying for a civil service examination, only the information provided below will be considered. A resume may not be used. **If you need additional space, attach extra sheets to this application.**

DATES: From: To:	EMPLOYER:	POSITION TITLE:
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ADDRESS: (Street, City, ZIP Code)

COMPANY URL:	PHONE NUMBER:	SUPERVISOR:
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HOURS PER WEEK:	SALARY:	MAY WE CONTACT THIS EMPLOYER: ____ Yes ____ No
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DUTIES:

REASON FOR LEAVING:

Employment History (continued)

DATES:

EMPLOYER:

POSITION TITLE:

From:

To:

ADDRESS: (Street, City, ZIP Code)

COMPANY URL:

PHONE NUMBER:

SUPERVISOR:

HOURS PER WEEK:

SALARY:

MAY WE CONTACT THIS EMPLOYER:

____ Yes ____ No

DUTIES:

REASON FOR LEAVING:

DATES:

EMPLOYER:

POSITION TITLE:

From:

To:

ADDRESS: (Street, City, ZIP Code)

COMPANY URL:

PHONE NUMBER:

SUPERVISOR:

HOURS PER WEEK:

SALARY:

MAY WE CONTACT THIS EMPLOYER:

____ Yes ____ No

DUTIES

REASON FOR LEAVING:

CERTIFICATES AND LICENSES

TYPE:

LICENSE NUMBER:

ISSUING AGENCY:

TYPE

LICENSE NUMBER:

ISSUING AGENCY:

SKILLS

OFFICE SKILLS:

COMPUTER SKILLS:

OTHER SKILLS:

LANGUAGE(S):

Firefighter Applicants

STATE OHIO CERTIFICATION NUMBER _____

REFERENCES

Please list the name, address and phone number of three (3) references who are not related to you:

1. _____

2. _____

3. _____

Please list any volunteer activities you participate/ participated in and when:

List professional, trade, business civic activities and offices held. (Exclude those which indicate race, color, religion,

or national origin): _____

**Applicants must provide a photocopy of their military identification and DD-14 papers with submittal of this application.
Applicants must provide the listed forms of identification with submittal of application for possible residency points.
Application must be notarized upon submittal of this application.**

CERTIFICATION

I certify that the answers I have made to all the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed, and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to employment and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the Administration Office, Human Resources, and/or the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

Signature of Applicant: _____ Date: _____

State of Ohio, County of _____ SS:

Be it Remembered, That on this _____ day of _____, 2021, before me, a Notary Public in and for said County, personally appeared the above named, _____ who acknowledged that he, she did sign the foregoing instrument and that the same is (his) (her), voluntary act or deed.

In Testimony Whereof, I have hereunto subscribed name and affixed my official seal, on the day and year last above mentioned.

Notary Public _____

Seal:

**CITY OF ALLIANCE
EQUAL EMPLOYMENT OPPORTUNITY**

Responses to questions 1-6 are OPTIONAL. These questions are included to assist our equal employment opportunity efforts. Providing this information is VOLUNTARY and will in no way affect the processing of your application or your being considered for employment. Human Resources will process your responses to these confidential questions separately. Responses will be used for statistical purposes only.

Position Applied for:

Date:

Department:

1. OPTIONAL: Gender

Male Female

2. OPTIONAL: Please select your age group.

Under 18 40-54
 18-25 55-69
 26-39 70+

3. OPTIONAL: Race/Ethnicity

- WHITE: All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK or AFRICAN AMERICAN: All persons having origins in any of the Black racial groups of Africa.
- HISPANIC or LATINO: All persons of Mexican, Puerto Rican, Cuban, Central or South America or other Spanish culture or origin, regardless of race.
- ASIAN: All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent (for example, China, India, Japan and Korea).
- NATIVE HAWAIIAN or PACIFIC ISLANDER: All persons having origins in any of the original peoples of the Hawaiian Islands and Pacific Islands (for example, Hawaii, Philippine Islands and Samoa).
- AMERICAN INDIAN or ALASKAN NATIVE: All persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- OTHER: Please self-define.

4. OPTIONAL: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities?

Yes No

5. OPTIONAL- Have you ever served in the U.S. military or uniformed services?

Yes No

6. If you answered "yes" to the previous question, please indicate if one or more of the following apply:

- DISABLED VETERAN: A person who has a current service-connected disability as determined by the U.S. Department of Veterans Affairs.
- POST 9-11 ERA VETERAN: A person who served in the military or uniformed services for any period after September 11, 2001.
- GULF WAR ERA VETERAN: A person who served in the military or uniformed services for any period between August 2, 1990 and September 10, 2001.
- COLD WAR/PEACETIME ERA VETERAN: A person who served in the military or uniformed services for any period between May 8, 1975 and August 1, 1990.
- VIETNAM ERA VETERAN: A person who served in the military or uniformed services for any period between August 5, 1964 and May 7, 1975.