

APPLICATION FOR EMPLOYMENT

City of Warren, Ohio

Please answer all questions completely. Attach a resumé if possible, and you may refer to it when it contains information requested on this form.

PERSONAL INFORMATION

Legal Name	Social Security Number
By what name would you like to be called?	Are you legally eligible to work in the US? Yes No
Current address, city, state & zip	Email Address
Permanent address (if different), city, state & zip	Day phone Evening phone
For what position(s) are you applying?	When can you begin?
Can you visit the city for an interview? Yes No If yes, when?	
Have you previously been associated with the city? Yes No If yes, please describe briefly.	
How did you hear about this position?	
Please describe briefly why you want to join the City of Warren staff.	

EDUCATION

High School	Did you graduate: Yes No	Number of years completed:
Name of School	Address	City, state & zip
College	Did you graduate: Yes No	Number of years completed:
Name of School	Address	City, state & zip
Vocational Training	Did you graduate: Yes No	Number of years completed:
Name of School	Address	City, state & zip

EXPERIENCE

Please provide a summary of your work experience for the last five years or more, starting with your most recent. Use additional paper if necessary. Attach a resumé if you have one.

Name of organization	City, state
Period of employment (from month/year to month/year)	Position(s) or job title(s)
Brief description of responsibilities/accomplishments.	

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EXPERIENCE - Continued

Name of organization	City, state
Period of employment (from month/year to month/year)	Position or job title
Brief description of responsibilities/accomplishments.	

Name of organization	City, state
Period of employment (from month/year to month/year)	Position or job title
Brief description of responsibilities/accomplishments.	

Do you have a current Driver's License? If so, please list:	State:	Number:
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Do you have a valid Commercial Driver's License (CDL)? If so, please list:	State:	Number:	Class:
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Please describe your skills, knowledge or talents that would be applicable to the position for which you are applying. Use additional paper if necessary.

REFERENCES

Please provide three persons who can serve as a reference for you. At least two should be employers, supervisors or teachers.

Name	Relationship
Phone Number	City, state
Name	Relationship
Phone Number	City, state
Name	Relationship
Phone Number	City, state

SIGNATURE AND DATE

The information I have supplied on this form is accurate. I understand that falsification of information is grounds for immediate dismissal.

Signature of Applicant	Date of Application
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Mail or fax completed application and supporting documents to:

City of Warren, Ohio
 ATTN: Human Resources
 Warren, Ohio 44483
 Phone: 330-841-2608
 Fax: 330-841-2676