

CITY OF PORT CLINTON
APPLICATION FOR EMPLOYMENT
(PRE-EMPLOYMENT QUESTIONNAIRE)(AN EQUAL OPPORTUNITY EMPLOYER)

Application # _____

Today's Date _____

PERSONAL INFORMATION:

Name: _____

Last

First

Middle

Current Address: _____

Street

City

State

Zip

Phone No: (____) _____ Cell: (____) _____ Are you 18 years of age or older? Yes No

EMPLOYMENT DESIRED:

Position _____ Date you can start _____ Salary desired _____

Are you employed now? Yes No If so, may we inquire of your present employer? Yes No

Ever applied to the City before? Yes No If so, when? _____

Referred by: _____

EDUCATION AND MILITARY SERVICE:

High School Diploma or GED? Yes No Post-Secondary Degree? Yes No

Degrees: _____

Certificates: _____

CDL: Yes No _____

US Military Service? Yes No Current Service? Yes No Are you presently a member in National Guard or Reserves? _____

WORK EXPERIENCE (List most recent work experience first):

Company Name _____ Immediate Supervisor _____

Complete Address: _____

Job Title: _____ Phone (____) _____

Job Description (duties, skills, equipment used) _____

Dates: From ____/____/____ To: ____/____/____ Salary: _____ Reason for Leaving _____

WORK EXPERIENCE:

Company Name _____ Immediate Supervisor _____

Complete Address: _____

Job Title: _____ Phone (____) _____

Job Description (duties, skills, equipment used) _____

Dates: From ____/____/____ To: ____/____/____ Salary: _____ Reason for Leaving _____

WORK EXPERIENCE:

Company Name _____ Immediate Supervisor _____

Complete Address: _____

Job Title: _____ Phone (____) _____

Job Description (duties, skills, equipment used) _____

Dates: From ____/____/____ To: ____/____/____ Salary: _____ Reason for Leaving _____

LIST REFERENCES:

NAME	ADDRESS	RELATION	PHONE NUMBER
_____	_____	Personal/Professional (____)	_____
_____	_____	Personal/Professional (____)	_____
_____	_____	Personal/Professional (____)	_____

The information that you provide on this application is subject to verification. Falsifications or misrepresentations may disqualify you from consideration for employment of, if hired, may be grounds for termination at a later date.

Do you want to be informed before we contact your present employer? Yes No

With my signature below, I certify that all information on this and all attached pages are true, correct and complete to the best of my knowledge and contains no willful falsifications or misrepresentations. I authorize all former employers to release job-related information they may have about me and I release all persons or companies from any liability or responsibility for providing such information.

Signature: _____ Date: _____

Affirmative Action : Voluntary Self Identification Form

City of Port Clinton is an Equal Opportunity employer. As required by law, we must record certain information to be made a part of our Affirmative Action Program.

Applicants for employment are also invited to participate in the Affirmative Action Program by reporting their status as disabled, disabled veteran, veteran of the Vietnam era or other minority. In extending this invitation you are also advised that: (a) workers (Applicants) are under no obligation to respond, but may do so in the future if they choose; (b) responses will remain confidential within the Human Resources Department; and (c) responses will be used only for the necessary information to include in our Affirmative Action Program. We are a company that values diversity. We actively encourage women to minorities to apply. Refusal to provide this information will have no bearing on your application and will not subject you to any adverse treatment.

Please complete the information requested below. Thank you for your cooperation.

Section 1: General Applicant Information

Name:	Date
Position applied for:	

Section 2: Please check (4) all that apply (see reverse for definitions)

Race or Ethnic Identity	Gender	**Veteran Status
<input type="checkbox"/> Hispanic or Latino	<input type="checkbox"/> Male	<input type="checkbox"/> Vietnam Era Veteran
<input type="checkbox"/> White (not Hispanic or Latino)	<input type="checkbox"/> Female	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Black or African American (not Hispanic or Latino)		<input type="checkbox"/> Special Disabled Veteran
<input type="checkbox"/> Native Hawaiian or Pacific Islander (Not Hispanic or Latino)		<input type="checkbox"/> Other Protected Veteran
<input type="checkbox"/> Asian (not Hispanic or Latino)		<input type="checkbox"/> Recently Separated Veteran
<input type="checkbox"/> American Indian or Alaskan Native (not Hispanic or Latino)		<input type="checkbox"/> Armed Forces Service Medal Veteran
<input type="checkbox"/> Two or More Races (not Hispanic or Latino)		<input type="checkbox"/> Other
		<input type="checkbox"/> Individual with Disabilities
<input type="checkbox"/> I do not wish to Self- Identify		
Signature:		
How did you hear of our opening?		
<input type="checkbox"/> Current Employee <input type="checkbox"/> Newspaper Ad <input type="checkbox"/> Recruiter <input type="checkbox"/> Other – Explain:		
For Human Resources Use Only:	Requisition #	Job Group

[**Editor's note: According to 41 CFR 60-741.42, there are only two circumstances when an employer may ask a disabled applicant to self-identify on a pre-offer basis:

(1) The invitation is made when the contractor actually is undertaking affirmative action for individuals with disabilities at the pre-offer stage; or (2) The invitation is made pursuant to a Federal, state or local law requiring affirmative action for individuals with disabilities.

(2) Federal contractors/subcontractors with 50 or more employees and federal contracts or subcontracts of \$50,000 or more are required to invite applicants to self-identify as a protected veteran prior to making a job offer, in addition to the post-offer self-identification that is already required. The pre-offer invitation to self-identify may be included in the contractors' application materials.

EEOC RACE/ETHNIC IDENTIFICATION CATEGORIES

Hispanic or Latino

A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino)

A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American (Not Hispanic or Latino)

A person having origins in any of the black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)

A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (Not Hispanic or Latino)

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, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaska Native (Not Hispanic or Latino)

A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

Two or More Races (Not Hispanic or Latino)

All persons who identify with more than one of the above five races.

Individual with Disabilities

Defined as a person who (1) has a physical or mental impairment which substantially limits one or more of his or her major life activity(s), (2) has a record of such impairment(s), or (3) is regarded as having such impairment(s). For purposes of this definition, an individual with disability(s) is substantially limited if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of the disability(s).

Veteran of the Vietnam-Era

Defined as (a) an *active duty wartime or campaign badge veteran* who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense. **(b) an *Armed Forces service medal veteran* who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985 (61 FR 1209).**

Disabled Veteran

Defined as (1) a veteran of the U.S. military, ground, naval or air service who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Secretary of Veterans Affairs, or (2) a person who was discharged or released from active duty because of a service-connected disability.

Special Disabled Veteran

Defined as a veteran who is entitled to compensation (or who but for the receipt of military retired pay would be entitled to compensation) under laws administered by the Department of Veterans Affairs for a disability:

1. Rated at 30 percent or more; or
2. Rated at 10 or 20 percent in the case of a veteran who has been determined under 38 U.S.C. 3106 to have a serious employment handicap; or
3. A person who was discharged or released from active duty because of a service-connected disability.

Veteran of the Vietnam Era

Defined as a person who served on active duty for a period of more than 180 days, and was discharged or released therefrom with other than a dishonorable discharge, if any part of such active duty occurred:

- In the Republic of Vietnam between February 28, 1961, and May 7, 1975; or
- Between August 5, 1964, and May 7, 1975, in all other cases; or

- Was discharged or released from active duty for a service-connected disability if any part of such active duty was performed in the Republic of Vietnam between February 28, 1961, and May 7, 1975; or between August 5, 1964, and May 7, 1975, in all other cases.

Recently Separated Veteran

Any veteran who served on active duty in the U.S. military, ground, naval or air service during the one-year period beginning on the date of such veteran's discharge or release from active duty.

Pre-JVA Veteran

Defined as an individual who is an employee of or applicant to a contractor with a contract of \$25,000 or more entered into prior to December 1, 2003 and unmodified since to \$100,000 or more, and who is a special disabled veteran, veteran of the Vietnam era, pre-JVA recently separated veteran, or other protected veteran.

Armed Forces Service Medal Veteran

Defined as any veteran who, while serving on active duty in the U.S. military, ground, naval or air service, participated in a United States military operation for which an Armed Forces service medal was awarded pursuant to Executive Order 12985.

Active Duty or Wartime Campaign Badge Veteran

Defined as a veteran who served on active duty in the U.S. military, ground, naval or air service during a war or in a campaign or expedition for which a campaign badge has been authorized, under the laws administered by the Department of Defense.

The answers that you give in this questionnaire are subject to verification. Any failure to report completely or any untruthful answers may subject you to rejection as a candidate.

Section A:

1. **Name (last/first/middle):** _____

2. **List any other names you have used, or have been known by, including aliases, nicknames, etc.:**

3. **Height:** _____

4. **Weight:** _____

5. **Eyes:** _____

6. **Hair:** _____

7. **Are you twenty-one (21) years of age or older? YES: _____ NO: _____**

8. **Home Address:**

Street Number & Name: _____

Apartment Number: _____

City, County, State, Zip Code: _____

9. **Home Phone:** (_____) _____

Alternative: (_____) _____

Cellular: (_____) _____

10. **U.S. Citizen: YES: _____ NO: _____**

11. **Place of Birth:**

City: _____

County: _____

State: _____

Section B:

Residencies: List below all residences for the last ten (10) years - present residence first. Include all military duty stations. If you rented, please include your landlords name and telephone number:

Month/Year:	Address:	City:	State/Zip:
1. _____	_____	_____	_____

2. _____	_____	_____	_____

3. _____	_____	_____	_____

4. _____	_____	_____	_____

5. _____	_____	_____	_____

6. _____	_____	_____	_____

7. _____	_____	_____	_____

8. _____	_____	_____	_____

9. _____	_____	_____	_____

10. _____	_____	_____	_____

Section C:

Employment: List below all jobs you have held since sixteen (16) years of age (full-time, temporary and part-time). Put you present or most present or most recent job first, including military service in proper time sequence:

1. **From Date:** _____ **To Date:** _____

Name of Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Job Title/Position: _____

Supervisor: _____

Full-time: _____ **Part-time:** _____ **Salary:** _____

Reason for Leaving: _____

2. **From Date:** _____ **To Date:** _____

Name of Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Job Title/Position: _____

Supervisor: _____

Full-time: _____ **Part-time:** _____ **Salary:** _____

Reason for Leaving: _____

Section C:

Employment: List below all jobs you have held since sixteen (16) years of age (full-time, temporary and part-time). Put you present or most present or most recent job first, including military service in proper time sequence:

3. **From Date:** _____ **To Date:** _____

Name of Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Job Title/Position: _____

Supervisor: _____

Full-time: _____ **Part-time:** _____ **Salary:** _____

Reason for Leaving: _____

4. **From Date:** _____ **To Date:** _____

Name of Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Job Title/Position: _____

Supervisor: _____

Full-time: _____ **Part-time:** _____ **Salary:** _____

Reason for Leaving: _____

Section C:

Employment: List below all jobs you have held since sixteen (16) years of age (full-time, temporary and part-time). Put you present or most present or most recent job first, including military service in proper time sequence:

5. **From Date:** _____ **To Date:** _____

Name of Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Job Title/Position: _____

Supervisor: _____

Full-time: _____ **Part-time:** _____ **Salary:** _____

Reason for Leaving: _____

6. **From Date:** _____ **To Date:** _____

Name of Employer: _____

Address: _____

City/State/Zip: _____

Phone: _____

Job Title/Position: _____

Supervisor: _____

Full-time: _____ **Part-time:** _____ **Salary:** _____

Reason for Leaving: _____

Section C:

Employment continued:

7. **Were you ever discharged, terminated, fired or forced to resign because of misconduct, unsatisfactory service or any other reason?**

YES: _____ **NO:** _____

If YES, explain, giving name and address of employer, approximate date, and reason in each case:

8. **Did you serve in any branch of the military?** **YES:** _____ **NO:** _____

Enlistment date: _____

Discharge date: _____

9. **List duty stations, dates and briefly describe jobs held in the military:**

Section D:

Education: List High School and all other Schools, Colleges, Technical or any other education received:

1. **Name of School:** _____
Address: _____
City/State/Zip: _____
Course of Study: _____
Did you graduate? YES: _____ NO: _____

2. **Name of School:** _____
Address: _____
City/State/Zip: _____
Course of Study: _____
Did you graduate? YES: _____ NO: _____

3. **Name of School:** _____
Address: _____
City/State/Zip: _____
Course of Study: _____
Did you graduate? YES: _____ NO: _____

4. **Name of School:** _____
Address: _____
City/State/Zip: _____
Course of Study: _____
Did you graduate? YES: _____ NO: _____

Section D:

Education continued:

5. **Are you currently a certified police officer in the State of Ohio or any other State?**

YES: _____ **NO:** _____

Where certified: _____

When certified: _____

Name and address of certifying authority: _____

6. **List below training received, certifications received related to law enforcement (attach documentation):**

Date: _____

Course/Description: _____

Training Organization & Address: _____

Date: _____

Course/Description: _____

Training Organization & Address: _____

Date: _____

Course/Description: _____

Training Organization & Address: _____

Section D:

Education continued:

Date: _____

Course/Description: _____

Training Organization & Address: _____

Date: _____

Course/Description: _____

Training Organization & Address: _____

Date: _____

Course/Description: _____

Training Organization & Address: _____

Date: _____

Course/Description: _____

Training Organization & Address: _____

Date: _____

Course/Description: _____

Training Organization & Address: _____

Section E:

Traffic History:

1. **Do you currently have a valid Ohio driver's license?**

YES: _____ **NO:** _____

2. **State of Issue:** _____

License Number: _____

Issue Date: _____

Expiration Date: _____

3. **In what States/Countries do you or have you had a driver's license?**

State/Country: _____

License Number: _____

Issue Date: _____

Expiration Date: _____

State/Country: _____

License Number: _____

Issue Date: _____

Expiration Date: _____

State/Country: _____

License Number: _____

Issue Date: _____

Expiration Date: _____

Section E:

Traffic History continued:

4. **Have you ever pled guilty to or no contest or have you ever been convicted of; driving under the influence of alcohol or drugs abuse, reckless operation, drag racing, willfully fleeing the police, leaving the scene of an accident, or any charge from an accident involving death or serious injury?**

YES: _____ (If YES, provide details) NO: _____

Month/Year: _____

Location: _____

City/State/Zip: _____

Nature of Violation & Court Disposition/Penalty: _____

Month/Year: _____

Location: _____

City/State/Zip: _____

Nature of Violation & Court Disposition/Penalty: _____

Month/Year: _____

Location: _____

City/State/Zip: _____

Nature of Violation & Court Disposition/Penalty: _____

Month/Year: _____

Location: _____

City/State/Zip: _____

Nature of Violation & Court Disposition/Penalty: _____

Section E:

Traffic History continued:

5. **At any time, has your driver's license ever been restricted or suspended due to a traffic offense conviction?**

YES: _____ (If YES, provide details) **NO:** _____

6. **List all traffic accidents which you have been involved in that you were charged:**

Date of Accident: _____

Police Report: **YES:** _____ **NO:** _____

Police Agency: _____

Location of Accident: _____

Court Disposition: _____

Date of Accident: _____

Police Report: **YES:** _____ **NO:** _____

Police Agency: _____

Location of Accident: _____

Court Disposition: _____

Section E:

Traffic History continued:

Date of Accident: _____

Police Report: **YES:** _____ **NO:** _____

Police Agency: _____

Location of Accident: _____

Court Disposition: _____

Date of Accident: _____

Police Report: **YES:** _____ **NO:** _____

Police Agency: _____

Location of Accident: _____

Court Disposition: _____

Date of Accident: _____

Police Report: **YES:** _____ **NO:** _____

Police Agency: _____

Location of Accident: _____

Court Disposition: _____

Date of Accident: _____

Police Report: **YES:** _____ **NO:** _____

Police Agency: _____

Location of Accident: _____

Court Disposition: _____

Section E:

Traffic History continued:

7. **List below all traffic citations you have received in the last seven (7) years (excluding parking tickets):**

Month/Year: _____

Location: _____

City/State/Zip: _____

Nature of Violation & Court Disposition/Penalty: _____

Month/Year: _____

Location: _____

City/State/Zip: _____

Nature of Violation & Court Disposition/Penalty: _____

Month/Year: _____

Location: _____

City/State/Zip: _____

Nature of Violation & Court Disposition/Penalty: _____

Month/Year: _____

Location: _____

City/State/Zip: _____

Nature of Violation & Court Disposition/Penalty: _____

Section E:

Traffic History continued:

8. **List all vehicles registered to you or registered to any occupant of you residence that you regularly use:**

Make: _____

Year: _____

Model: _____

License Number & State: _____

Make: _____

Year: _____

Model: _____

License Number & State: _____

Make: _____

Year: _____

Model: _____

License Number & State: _____

Make: _____

Year: _____

Model: _____

License Number & State: _____

Make: _____

Year: _____

Model: _____

License Number & State: _____

Section E:

Traffic History continued:

9. **Do you have any outstanding or delinquent parking tickets?**

YES: _____ **(If YES, provide details)** **NO:** _____

Date: _____

Location & Police Agency: _____

Charge: _____

Disposition/Penalty: _____

Details: _____

Date: _____

Location & Police Agency: _____

Charge: _____

Disposition/Penalty: _____

Details: _____

Date: _____

Location & Police Agency: _____

Charge: _____

Disposition/Penalty: _____

Details: _____

Date: _____

Location & Police Agency: _____

Section F:

Criminal/Civil History:

1. **Have you ever plead guilty to or have you ever been convicted of no contest to any violation as an adult or juvenile (include traffic arrests other than citations already reported in Section D)?**

YES: _____ **(If YES, provide details)** **NO:** _____

Date: _____

Location & Police Agency: _____

Charge: _____

Disposition/Penalty: _____

Details: _____

Date: _____

Location & Police Agency: _____

Charge: _____

Disposition/Penalty: _____

Details: _____

Date: _____

Location & Police Agency: _____

Charge: _____

Disposition/Penalty: _____

Details: _____

Section F:

Criminal/Civil History continued:

2. **Have you ever been placed on probation?**

YES: _____ **(If YES, provide details)** **NO:** _____

3. **Have you ever been fingerprinted by a Law Enforcement Agency other than for an arrest (If YES, give details below as your answers will be verified with the F.B.I. and other agencies)?**

YES: _____ **NO:** _____

Date: _____

Law Enforcement Agency & Location: _____

Purpose of Fingerprints: _____

Date: _____

Law Enforcement Agency & Location: _____

Purpose of Fingerprints: _____

Section G:

Character References:

Give five (5) references, not related to you by blood or marriage, not employees or supervisors, who are responsible adults or reputable standing in their community, three (3) of whom who have known you for at least three (3) years. Be sure to include zip codes:

1. **Complete Name of Reference:** _____

Years Known: _____

Place of Employment: _____

Phone: _____

2. **Complete Name of Reference:** _____

Years Known: _____

Place of Employment: _____

Phone: _____

3. **Complete Name of Reference:** _____

Years Known: _____

Place of Employment: _____

Phone: _____

4. **Complete Name of Reference:** _____

Years Known: _____

Place of Employment: _____

Phone: _____

5. **Complete Name of Reference:** _____

Years Known: _____

Place of Employment: _____

Phone: _____

Section H:

1. **To what other law enforcement agencies have you applied?**

Date: _____

Agency: _____

Address: _____

City/State/Zip: _____

Date: _____

Agency: _____

Address: _____

City/State/Zip: _____

Date: _____

Agency: _____

Address: _____

City/State/Zip: _____

Date: _____

Agency: _____

Address: _____

City/State/Zip: _____

Date: _____

Agency: _____

Address: _____

City/State/Zip: _____

