



CITY OF PORTSMOUTH

EMPLOYMENT  
APPLICATION2040 Charles Street  
Portsmouth, Ohio 45662  
740-353-0241

## APPLICATION INFORMATION

The City of Portsmouth is an Equal Opportunity Employer, committed to hiring, training, and promoting individuals without regard to race, color, religion, gender, national origin, marital status, age, or disability

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Driver's License No: \_\_\_\_\_ State: \_\_\_\_\_

(Completion of SSN is optional. Failure to submit SSN on this application will not prohibit employment consideration, SSN may be required on other forms prior to employment. A valid Ohio Driver's License is required for employment)

Current Address: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Yes   No

Are you a citizen of the United States?     

Are you a resident of Scioto County?       (*Residence required by City Ordinance*)

Have you previously been employed by the City?       *If Yes, When?* \_\_\_\_\_

Have you ever been convicted of a crime?       *If yes, Explain:* \_\_\_\_\_  
explain: \_\_\_\_\_

Do you have any driver's license endorsements?       *If Yes, Describe* \_\_\_\_\_

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

## EDUCATION AND TRAINING

Check highest grade completed 7 8 9 10 11 12

     If you did not complete High School, did you receive a GED? Yes  No 

Check number of years post high school education 1 2 3 4 5

    

Name of Institute	Hours	Degree	Major or Specialty

## MILITARY SERVICE

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

If you are/were required to register for the Selective Service, have you done so? Yes  No 

## EXPERIENCE AND TRADES

I have experience and have performed the following skills. Check the boxes that apply.

<input type="checkbox"/> Truck Driving (Class A or B CDL)	<input type="checkbox"/> Welding	<input type="checkbox"/> Masonry / Concrete
<input type="checkbox"/> HVAC	<input type="checkbox"/> Electrical Wiring	<input type="checkbox"/> Plumbing / Pipefitting
<input type="checkbox"/> Heavy Equipment	<input type="checkbox"/> Painting	<input type="checkbox"/> Asphalt Paving / Repair
<input type="checkbox"/> Carpentry	<input type="checkbox"/> Mechanical	<input type="checkbox"/> Hydraulics
<input type="checkbox"/> Office	<input type="checkbox"/> Computer/Keyboard	

Other Skill not listed: \_\_\_\_\_

## PREVIOUS EMPLOYMENT

*List your last four employers beginning with your current or most recent. All Date are Month & Year*

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Salary: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Salary: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Salary: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Employer: \_\_\_\_\_ Salary: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Name of Supervisor: \_\_\_\_\_  
Duties: \_\_\_\_\_  
Reason for Leaving: \_\_\_\_\_

## REFERENCES

Please list three references – do not list relatives or former employees

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ Years Known: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_  
Address: \_\_\_\_\_ 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 my release.

I AUTHORIZE THE CITY OF PORTSMOUTH TO MAKE AN INVESTIGATION OF ANY FACTS SET FORTH IN THIS APPLICATION.

Signature

Date