



CITY OF PORTSMOUTH

**EMPLOYMENT
APPLICATION**2040 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) _____

YesNo

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.

☐ Truck Driving (Class A or B CDL)☐ Welding☐ Masonry / Concrete☐ HVAC☐ Electrical Wiring☐ Plumbing / Pipefitting☐ Heavy Equipment☐ Painting☐ Asphalt Paving / Repair☐ Carpentry☐ Mechanical☐ Hydraulics☐ Office☐ 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