

THE CITY OF LIMA IS AN EQUAL OPPORTUNITY EMPLOYER

**LIMA CIVIL SERVICE BOARD
APPLICATION FOR CIVIL SERVICE EMPLOYMENT
CITY OF LIMA, OHIO**

Debra S. Vobbe, Secretary
202 E. High Street – 2nd Floor
Lima, Ohio 45801
Telephone: (419) 223-7271

Board Members:
Sean Carpenter
Pilate Bradley, Jr.
Byron Seldon

**PLEASE TYPE OR PRINT RESPONSES TO ALL QUESTIONS
CONTAINED IN THIS APPLICATION FORM**

Examination or position applied for _____
Last Name: _____ First & Middle Name: _____
Home Address: _____ County: _____
City: _____ State: _____ Zip: _____
Home Phone: _____ Another Available Phone: _____
Social Security Number: _____ E-Mail Address: _____
Are you an adult? YES _____ NO _____
If applying for Police Officer position, are you between 21 and 35 years of age? YES _____ NO _____
If applying for Firefighter position, are you between 18 and 35 years of age? YES _____ NO _____
Are you eligible to work in the United States? YES _____ NO _____
Do you currently reside in Lima, Ohio? YES _____ NO _____
If yes, how long? _____

EMPLOYMENT HISTORY AND WORK EXPERIENCE

In this section, list all employment history and work experience, including military experience, in date order, beginning with your current employer. Use additional paper if necessary. Failure to include all employment may be grounds for disqualification.

CURRENT EMPLOYER: _____
(Enter NONE if unemployed)
May we contact your current employer prior to employment? YES _____ NO _____
Current employer's address: _____
Work phone: _____ Date employed: _____
Job title: _____ Supervisor's name: _____
Beginning salary: _____ per _____ Ending salary: _____ per _____
Describe duties, responsibilities, equipment operated, promotions, etc. _____

Why do you want to leave your current position? _____

PREVIOUS EMPLOYER: _____
Address: _____
Work phone: _____ Date employed: _____
Job title: _____ Supervisor's name: _____
Beginning salary: _____ per _____ Ending salary: _____ per _____
Describe duties, responsibilities, equipment operated, promotions,
etc. _____

Why did you leave? _____

PREVIOUS EMPLOYER: _____
Address: _____
Work phone: _____ Date employed: _____
Job title: _____ Supervisor's name: _____
Beginning salary: _____ per _____ Ending salary: _____ per _____
Describe duties, responsibilities, equipment operated, promotions,
etc. _____

Why did you leave? _____

PREVIOUS EMPLOYER: _____
Address: _____
Work phone: _____ Date employed: _____
Job title: _____ Supervisor's name: _____
Beginning salary: _____ per _____ Ending salary: _____ per _____
Describe duties, responsibilities, equipment operated, promotions,
etc. _____

Why did you leave? _____

PREVIOUS EMPLOYER: _____
Address: _____
Work phone: _____ Date employed: _____
Job title: _____ Supervisor's name: _____
Beginning salary: _____ per _____ Ending salary: _____ per _____
Describe duties, responsibilities, equipment operated, promotions,
etc. _____

Why did you leave? _____

PREVIOUS EMPLOYER: _____
Address: _____
Work phone: _____ Date employed: _____
Job title: _____ Supervisor's name: _____
Beginning salary: _____ per _____ Ending salary: _____ per _____
Describe duties, responsibilities, equipment operated, promotions,
etc. _____

Why did you leave? _____

IF YOU NEED TO LIST ANY ADDITIONAL PREVIOUS EMPLOYERS, PLEASE USE BLANK PAPER

EDUCATION AND TRAINING

THIS SECTION IS INTENDED TO GIVE THE EMPLOYER INFORMATION ABOUT THE EDUCATION AND TRAINING THAT YOU HAVE COMPLETED AND TO DEMONSTRATE YOUR KNOWLEDGE, SKILLS, AND ABILITIES TO PERFORM THE ESSENTIAL FUNCTIONS OF THE POSITION.

High School attended: _____

Address: _____

Did you graduate? YES _____ NO _____ High School Equivalent _____

Activities, awards, sports, etc.: _____

College or Trade School attended: _____

Address: _____

Did you graduate? _____ Degree: _____

Activities, awards, sports, etc.: _____

Graduate School attended: _____

Did you graduate? _____ Degree: _____

Please list below any seminars or special training which you believe would be relevant to the type of work you are seeking:

Please use the following space to provide any further information on training, education, skills, abilities, hobbies, volunteer work, etc., that you possess or have experienced that may be helpful in the evaluation of your application. (Attach additional sheets or a resume if desired.)

PERSONAL INFORMATION

Do you have any commitments (e.g., a second job, school, etc.) which might interfere with or adversely affect your employment should you be selected for a position? YES _____ NO _____ If yes, please explain: _____

Do you have a valid driver's license? YES _____ NO _____ Do you have a valid commercial driver's license? YES _____ NO _____

If having either license is an essential function of the position applied for, can you obtain such license? YES _____ NO _____

VETERAN'S PREFERENCE

THIS SECTION APPLIES ONLY TO THOSE APPLYING TO TAKE THE CIVIL SERVICE EXAMINATION.

If you claim a veteran's preference for military credit, please complete the following.

Date of entry: _____ Date of Separation: _____ Branch: _____

ALL PERSONS CLAIMING PREFERENCE MUST PRESENT DISCHARGE AND OTHER DOCUMENTS AT THE TIME OF THE ORAL EXAMINATION.

Please read each of the following paragraphs carefully. Indicate your understanding of the consent to the contents and conditions of each by placing your initials at the end. If you have any questions, please contact the employer before initialing.

1. I understand and accept that if offered a position with the employer, such an offer may be conditioned upon my passing any medical, psychological, skill-based, or aptitude examinations that are necessary to determine my ability to perform the essential functions of the position offered. I understand and accept that this may also include drug, alcohol, and substance abuse testing. INITIALS: _____

2. I hereby authorize all the employers, schools, and personal references listed in this application to release information concerning me to the employer upon request. INITIALS: _____

3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded. INITIALS: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and dates with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that it will be necessary for the employer to investigate my background for any criminal or unlawful activity or any credit problems. INITIALS: _____

I state that all information furnished in this employment application is true, accurate, and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that my misrepresentation or falsification of the information provided may lead to rejection of this application, removal of my name from the eligible list, withdrawal of an employment offer or termination following employment. I further agree to advise the Civil Service Board immediately of any change of address or telephone number.

By submission of this document, I recognize that my future employment with the employer will be jeopardized if I engage in substance abuse, illegal drug use, or alcohol abuse.

APPLICANT SIGNATURE: _____ DATE: _____

NOTE: THE NAMED REFERENCES BELOW MUST SIGN THEIR OWN NAMES IN THEIR OWN HANDWRITING.

To the Civil Service Board, Lima, Ohio: By signing my name below, I certify that I have known the applicant personally for the number of years indicated; that I am not related to the applicant; and that I am familiar with the applicant's character and recommend the applicant for employment with the City of Lima.

Reference's Printed Name	Address	Phone Number	Years Known	Signature of Reference
1. _____	_____	_____	_____	_____
2. _____	_____	_____	_____	_____
3. _____	_____	_____	_____	_____

Date Filed _____
Time _____ a.m. /p.m.
Initial _____
Paid \$1.00 Fee _____