

# Application For Employment

CITY OF HURON ❖ 417 Main Street ❖ Huron, OH 44839  
 (419) 433-5000 Fax (419) 433-5120 www.cityofhuron.org



Department of Safety—Fire: Entry Level

Return to: City Manager's Office

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify the City Manager's Office.

**POSITION APPLIED FOR:** \_\_\_\_\_

**PLEASE PRINT:**

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Address: \_\_\_\_\_  
Street Apt. City State Zip

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_ Home Telephone #: \_\_\_\_\_

Mobile/Other: \_\_\_\_\_ E-mail: \_\_\_\_\_

Have you ever submitted an application to the City of Huron? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Have you ever been employed by the City of Huron? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Are you a United States citizen? \_\_\_\_\_ Date available for work: \_\_\_\_\_

Are you able to meet all of the attendance requirements of this position? \_\_\_\_\_

Are you able to work overtime if necessary? \_\_\_\_\_

Military Service or Veteran Status? \_\_\_\_\_

Were you Honorably Discharged? \_\_\_\_\_ (please provide a copy of your DD-214)

If yes, please provide branch of service, rank, and job duties:  
 \_\_\_\_\_

**PLEASE COMPLETE THE FOLLOWING QUESTIONS—USE ADDITIONAL SHEETS WHEN NECESSARY TO PROVIDE EXPLANATION OR DETAIL.**

<i>Are you currently employed?</i>	YES	NO
<i>Are you on layoff and / or subject to recall? If yes, please provide recall expiration: _____</i>	YES	NO
<i>Have you been convicted of a felony? If yes, please provide additional sheet detailing facts, conviction dates, and penalty.</i>	YES	NO
<i>Have you been convicted of a misdemeanor? If yes, please provide additional sheet detailing facts, conviction dates, and penalty.</i>	YES	NO
<i>Have you ever been discharged from any position? If yes, please provide additional sheet detailing circumstances.</i>	YES	NO
<i>Do you have any friends / relatives who work for the City of Huron? If yes, please provide additional sheet with name(s) and relationship.</i>	YES	NO

# SKILLS AND QUALIFICATIONS

Summarize any training, skills, licenses and/or certificates that may qualify you as being able to perform the essential functions in the appointment for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

# EDUCATIONAL BACKGROUND

Name and Location	# of years completed	Graduated?	Course of Study
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HIGH SCHOOL:  
\_\_\_\_\_

COLLEGE:  
\_\_\_\_\_

OTHER:  
\_\_\_\_\_

*Have you been provided with a written job description for the position which you are applying?*  Yes  No

*Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential duties, responsibilities, and functions of the job for which you have applied?*  Yes  No

# REFERENCES: Please provide at least 3 references who are not related to you.

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

# APPLICANT STATEMENT AND SIGNATURE:

I certify that all information I have provided in order to apply for employment with the City of Huron is true, complete, and correct to the best of my knowledge. I agree and understand that omissions, misstatements, and falsifications will cause forfeiture on my part of all eligibility to any employment with the City of Huron and may be cause for rejection of this application, removal of my name from eligibility lists, or discharge from City service. In addition, I give the City of Huron the right to investigate and verify any information obtained through the application process. Permission is granted and I release from any and all liability any employer, agency or individual assisting the City of Huron in providing relevant, job related information that will assist in this process. I expressly authorize, without reservation, the City of Huron, its representatives, members or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application. I hereby waive any and all rights and claims I may have regarding, the City of Huron, its agents, members or representatives, for seeking, gathering, and using such information all other persons, corporations, or organizations for furnishing such information about me.

My signature below acknowledges my understanding and agreement with the above.

I understand that an offer of employment is contingent upon the successful completion of a pre-employment physical, criminal background investigation, motor vehicle record review, polygraph or CVSA and/or drug and alcohol screen. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States. If I am hired, I understand that I am free to resign at any time and the City of Huron reserves the same right to request my resignation at any time. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that all conditions of employment including, but not limited to hours, benefits and salary are subject to change by the City of Huron at any time. I understand that no representative of the City of Huron is authorized to make any assurances to the contrary and that no implied, oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City Manager.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.  
I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant (required): \_\_\_\_\_ Date: \_\_\_\_\_

<p>THIS BOX FOR OFFICE USE ONLY:</p> <p>DATE REC'D: ___/___/___ by _____ INTERVIEW: (1) _____ (2) _____</p>	<p>Completed by: _____ Date: _____</p> <p>History: _____</p> <p style="text-align: center;"><i>Stamp if No Record</i></p>
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**RELEVANT EXPERIENCE** Please provide information regarding relevant experience to the position you are applying for. This includes, but is not limited to present/past employers, assignments, or volunteer activities. Use additional sheets if necessary.

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

From / To \_\_\_\_\_ Employer/Organization \_\_\_\_\_

Telephone # \_\_\_\_\_ Address \_\_\_\_\_

Job title: \_\_\_\_\_ Supervisor \_\_\_\_\_ May We Contact? \_\_\_\_\_

Job duties/Responsibilities \_\_\_\_\_

Reason for leaving \_\_\_\_\_ Final Rate of Pay: \_\_\_\_\_

**PLEASE EXPLAIN ANY GAPS IN EMPLOYMENT:**

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**Have you ever been fired or asked to resign from a job? If yes, please explain:**

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# Affirmative Action Voluntary Information

COMPLETION OF THIS FORM IS VOLUNTARY

PLEASE PRINT

All applicants are considered for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government recordkeeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **STRICTLY VOLUNTARY**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is NOT part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations. ***This information is not provided to the appointing authority and is kept separate from your application.***

Position (s) applied for: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Referral Source:

- Walk In                       Government Employment Agency                       Private Employment Agency  
 Employee: \_\_\_\_\_                       School  
 Relative: \_\_\_\_\_  
 Newspaper: \_\_\_\_\_  
 Other: \_\_\_\_\_

### Applicant Information

Male       Female                      Disabled?  Yes       No

Veteran?  No       Yes:       Vietnam Veteran       Special Disabled Veteran       Other Eligible Veteran

### **Please Check One of the Following Equal Employment Opportunity Identification Groups:**

- Hispanic or Latino  
 White (not Hispanic or Latino)  
 Black or African American (not Hispanic or Latino)  
 Native Hawaiian or Other Pacific Islander  
 Asian (not Hispanic or Latino)  
 American Indian or Alaska Native (not Hispanic or Latino)  
 Two or more races (not Hispanic or Latino) - all persons who identify with more than one of the above

### For Administrative Use Only      OCRC Job Classifications:

- Officials / Administrators       Professional                       Technicians                       Protective Service  
 Para Professional                       Administrative Support                       Skilled Craft                       Service / Maintenance

Completed By: \_\_\_\_\_ Date: \_\_\_\_\_