



Department of Human Resources

APPLICATION FOR EMPLOYMENT

PERSONAL DATA

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Cell Phone: _____

Position Applied for: _____

Today's Date: _____ Date Available?: _____

Hours Available? _____

Full Time: _____ Part Time: _____ Temporary: _____ Intermittently _____ Shift Work: _____

Are you a Veteran of the U.S. Military Service? Yes: _____ No: _____

If yes, Branch: Army: _____ Air Force: _____ Navy: _____ Marines: _____

Dates: From: _____ To: _____ Honorable Discharge? Yes: _____ No: _____
 (Please provide a copy of your DD-214 form.)

SECURITY

List States and Countries of residence for the past Seven Years. _____

Have you ever been convicted of, or are you awaiting trial for a felony or misdemeanor? (A conviction will not be an automatic bar to employment)

Yes: _____ No: _____

INCIDENT	CITY/STATE	CHARGE	DATE
1.			
2.			

Education

Circle Highest Grade Completed:

1 2 3 4 5 6
7 8 9 10 11 12

High School Graduate:

Yes: _____ No: _____

GED:

Yes: _____ No: _____

Name/Location of College, or Universities	Dates Attended:		Credit Received		Major
	From	To	Quarter	Semester	
			Hours	Hours	

List any School or College Honors: _____

List any Business, Vocational, Technical or Correspondence Schools Attended: _____

List any Professional, Trade, Business, or Civic Activities and Offices held: (You may exclude those which indicate race, religion, sex or national origin) _____

List any Certifications/Licenses (i.e. LPN, RN, CDL, ASE): _____

SPECIAL SKILLS AND TRAINING

Check all those which apply:

Driver's License () Class: _____ Bookkeeping () Computer Skills: _____

Typing () _____ WPM Dictaphone () _____

Additional Skills, Training, or Experience related to the position applied for: _____

EMPLOYMENT HISTORY WITH THE COLUMBUS CONSOLIDATED GOVERNMENT

Are you presently or have you ever been employed with the Columbus Consolidated Government? Yes ___ No ___

If yes, please complete the following information:

1) Date: _____ Department: _____ Position: _____

2) Date: _____ Department: _____ Position: _____

3) Date: _____ Department: _____ Position: _____

4) Date: _____ Department: _____ Position: _____

EMPLOYMENT HISTORY

May we contact your current and previous employer(s)? YES NO

CURRENT MOST RECENT EMPLOYER:	ADDRESS:	TELEPHONE:
EMPLOYMENT DATES: START: ENDING:	REASON FOR LEAVING:	
SALARY: START: \$ PER ENDING: \$ PER		
NAME AND TITLE OF SUPERVISOR:		
STARTING POSITION AND DESCRIPTION OF DUTIES:	POSITION ON LEAVING AND DESCRIPTION OF DUTIES:	

SECOND MOST RECENT EMPLOYER:	ADDRESS:	TELEPHONE:
EMPLOYMENT DATES: START: ENDING:	REASON FOR LEAVING:	
SALARY: START: \$ PER ENDING: \$ PER		
NAME AND TITLE OF SUPERVISOR:		
STARTING POSITION AND DESCRIPTION OF DUTIES:	POSITION ON LEAVING AND DESCRIPTION OF DUTIES:	

THIRD MOST RECENT EMPLOYER:	ADDRESS:	TELEPHONE:
EMPLOYMENT DATES: START: ENDING:	REASON FOR LEAVING:	
SALARY: START: \$ PER ENDING: \$ PER		
NAME AND TITLE OF SUPERVISOR:		
STARTING POSITION AND DESCRIPTION OF DUTIES:	POSITION ON LEAVING AND DESCRIPTION OF DUTIES:	

EMPLOYMENT HISTORY (continued)

FOURTH MOST RECENT EMPLOYER:		ADDRESS:	TELEPHONE:
EMPLOYMENT DATES:		REASON FOR LEAVING:	
START:	ENDING:		
SALARY:			
START: \$	PER	ENDING: \$	PER
NAME AND TITLE OF SUPERVISOR:			
STARTING POSITION AND DESCRIPTION OF DUTIES:		POSITION ON LEAVING AND DESCRIPTION OF DUTIES:	

REFERENCES

Please list three professional references. (Do not include relatives.)

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Full Name: _____ Relationship: _____

Company: _____ Phone: _____

Address: _____

Do you have any relatives who are employees of the Columbus Consolidated Government? Yes: _____ No: _____

Name: _____ Relationship: _____ Department: _____

CERTIFICATION AND RELEASE

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge. I authorize The Columbus Consolidated Government to make an investigation of any of the facts set forth in this application. I understand that false information may be grounds for rejection of my application, or in the event of employment, grounds for discharge.

The Columbus Consolidated Government supports a drug-free workplace. Any offer of employment that is made to persons other than current employees is conditional on satisfactory completion of a background investigation, reference checks, license, credential or education verification, drug/alcohol testing, and for some positions physical examination. A job applicant who refuses to comply and/or cooperate fully in this process may be denied employment with the Columbus Consolidated Government. All applications must be signed by the person applying.

Signature: _____ Date: _____