



Human Resources
6131 Taylorsville Road
Huber Heights, Ohio 45424
Phone: (937) 233-1423
Fax: (937) 233-1272
www.bhoh.org
An Equal Opportunity Employer

Application For Employment

The City of Huber Heights is an Equal Opportunity Employer and prohibits discrimination and harassment of any kind. Qualified applicants are considered for all positions without regard to race, color, religion, sex, age, national origin, military or veteran status, pregnancy status, mental or physical disability or any other status protected by law.

PLEASE COMPLETE ALL SECTIONS AND EACH QUESTION COMPLETELY AND ACCURATELY

- This employment application is to be used for all internal, external, and seasonal or temporary job postings. We strongly encourage you to provide a resume and cover letter in addition to this application. If you require special accommodations to participate in the application or selection process due to a disability, please contact Human Resources at (937) 237-5825.
- Applications are kept on file for one year. Please keep a copy for your files.
- A separate application must be submitted for each position for which you are applying.
- Applications must specifically reflect all requirements for the position, including experience and/or required courses of study. Please answer all questions accurately and completely. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provide is accurate and complete.

Position Applied For: _____

Date Applied: _____

Date available for work ____/____/____ ☐ Full-Time ☐ Part-Time ☐ Temporary ☐ Internship

Name: _____
Last First Middle

Address: _____
Number Street City State Zip

Home Phone: (____) _____ Daytime Phone: (____) _____

Cell Phone: (____) _____ E-mail address: _____

Have you ever been employed by the City of Huber Heights? ☐ Yes ☐ No

If yes, give Department/Division and date(s) _____

Do any of your friends or relatives work for the City of Huber Heights? ☐ Yes ☐ No

If yes, please give name and relationship: _____

Are you on layoff, subject to recall? ☐ Yes ☐ No

Are you able to perform the essential functions of this job, with or without reasonable accommodations? ☐ Yes ☐ No

Have you ever applied with the City of Huber Heights? ☐ Yes ☐ No

If yes, please give Department/Division and date(s): _____

I possess: ☐ a valid Driver's License D.L.# _____ State _____

I possess: ☐ a valid Commercial Driver's License D.L.# _____ State _____

EDUCATION

	Name and Address of School	Diploma/Degree	Course of Study
High School		Graduate ☐ Yes ☐ No Or G.E.D. ☐ Yes ☐ No	
College, University, Business, Technical, Vocational, or Military Academy		Dates Attended (Mo./Yr. to Mo./Yr.): Degree:	
Graduate School or Professional School		Dates Attended (Mo./Yr. to Mo./Yr.): Degree:	

MILITARY SERVICE

Were you, or are you currently in the US Armed Forces or subject to a Reserve obligation? ☐ Yes ☐ No

If yes, what branch? _____

Date of Services: From: _____ to _____ Rank: _____

EMPLOYMENT HISTORY

- In this section, please describe the duties you have performed in previous positions, which demonstrate that you have the knowledge, skills, and abilities to perform the essential functions and duties of the job for which you are applying. You may include internships, verifiable volunteer activities, self-employment, and military experience. Please include any periods of unemployment.
- Begin with your most recent job or assignment first and list each job separately, extending for a period of 10 years.
- Additional pages of work history may be attached, if necessary. **A resume is not a substitute for this section of the application,** but may be attached. Do not write "see resume."

May we contact this employer? ☐ Yes ☐ No	Dates of Employment _____ to _____
Type of Employment: ☐ Full-time ☐ Part-time ☐ Seasonal/Temporary	
Employer: _____	Position/Title: _____
Address: _____	Pay: \$ _____ ☐ Salaried ☐ Hourly
City, State, Zip Code: _____	
Supervisor's name and title: _____	
Duties & Responsibilities: _____ _____ _____ _____	
Reason for leaving: _____	

May we contact this employer? ☐ Yes ☐ No Dates of Employment _____ to _____

Type of Employment: ☐ Full-time ☐ Part-time ☐ Seasonal/Temporary

Employer: _____ Position/Title: _____

Address: _____ Pay: \$ _____ ☐ Salaried ☐ Hourly

City, State, Zip Code: _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No Dates of Employment _____ to _____

Type of Employment: ☐ Full-time ☐ Part-time ☐ Seasonal/Temporary

Employer: _____ Position/Title: _____

Address: _____ Pay: \$ _____ ☐ Salaried ☐ Hourly

City, State, Zip Code: _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

May we contact this employer? ☐ Yes ☐ No Dates of Employment _____ to _____

Type of Employment: ☐ Full-time ☐ Part-time ☐ Seasonal/Temporary

Employer: _____ Position/Title: _____

Address: _____ Pay: \$ _____ ☐ Salaried ☐ Hourly

City, State, Zip Code: _____

Supervisor's name and title: _____

Duties & Responsibilities: _____

Reason for leaving: _____

TRAINING AND OTHER QUALIFICATIONS

Administrative:	Fluency in languages other than English:	Heavy Equipment/Tools:
☐ Typing _____ (wpm)	Read _____	_____
☐ Office Equipment	Speak _____	_____
☐ Computer Software	Write _____	_____

Give any additional information covering your qualifications including any licenses or professional certificates that you hold which are applicable for this position: _____

Police Applicant: OPOTA Certified YES ☐ NO ☐ Currently enrolled in Police Academy ☐ Graduation Date: _____

EMS: Level _____ Certification # _____ **FIRE:** Level _____ Certification # _____

If not certified as a Paramedic or a Level II Firefighter, provide the date expected to receive certification _____

School where you are attending: _____

PROFESSIONAL REFERENCES (persons not related to you and excluding supervisors)

1. _____	(Name)	(Address)	(Phone Number)
2. _____	(Name)	(Address)	(Phone Number)
3. _____	(Name)	(Address)	(Phone Number)

APPLICANT STATEMENT

I certify that all of the information furnished in this employment application and its addenda are true and complete to the best of my knowledge. I understand that the City of Huber Heights may investigate the information I have furnished and I realize that any, omissions, misrepresentation or false information in this application and/or its addenda may lead to revocation of any employment offer or termination after employment.

I hereby acknowledge that I, voluntarily and of my own free will, have applied for employment with the City of Huber Heights with the understanding that the City may use a variety of screening procedures to evaluate my qualifications and suitability for appointment. I have been advised that these screening procedures might include, but are not limited to, interviews, criminal record checks, driving record checks, polygraph examinations, written testing, reference checks, background investigations, financial and credit check conducted in accordance with the Fair Credit Reporting Act, psychological evaluations, medical examinations, and drug testing. I hereby acknowledge that I would not be required to actually to participate in a psychological evaluation, medical examination, or drug test unless I receive a conditional offer of employment. I also acknowledge that any such screening procedures, as reasonably required by the City of Huber Heights, are prerequisites to my appointment to a position with the City of Huber Heights.

In addition, I also hereby understand that the City of Huber Heights cannot guarantee the confidentiality of the results of, or information obtained through, the aforementioned screening procedures. Decisions of the Ohio Supreme Court regarding the Public Records Act indicate that, with certain enumerated exceptions, records maintained by a governmental entity are a matter of public record and, should a proper request be made by a member of the public for such records, the governmental entity would be required to make such records available to that member of the public within a reasonable time. Employment-related documents, with the exception of certain medical records and some personal identifiers, maintained by the City relative to the aforementioned screening procedures, do not appear to fall within any of the enumerated exceptions.

Therefore, in consideration of my employment application being reviewed by the City of Huber Heights, under no legal disability, and on behalf of my heirs and assigns, hereby release and agree to hold harmless the City of Huber Heights and any of its agents, employees, or related officials from any and all liability, whatever the type and nature, resulting from the administration of any such screening procedures and/or the release of the results therefrom.

Signature of Applicant

Date