

FOR OFFICE USE ONLY: Date Returned \_\_\_\_\_ Time Returned \_\_\_\_\_ # Returned \_\_\_\_\_ Initials \_\_\_\_\_

Fee Paid \_\_\_\_\_ Method of Payment  Cash  Check  Money Order  Credit/Debit

\*\*Please note: There will be a \$20 fee added for returned checks which must be paid in order to move forward with testing.

# APPLICATION FOR EMPLOYMENT/PROMOTION

## VILLAGE OF ST. BERNARD

### CIVIL SERVICE COMMISSION

110 WASHINGTON AVENUE, ST. BERNARD, OHIO 45217

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**THIS APPLICATION WILL NOT BE CONSIDERED FOR EMPLOYMENT  
WITH THE VILLAGE, UNLESS FULLY COMPLETED AND \$15 FEE PAID.**

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**PLEASE PRINT**

Date of Application \_\_\_\_\_

Position(s) applied for \_\_\_\_\_

Type of Position applied for:

full time

part time

temporary

seasonal

When are you available for work? \_\_\_\_\_

Name \_\_\_\_\_ Email: \_\_\_\_\_

Address \_\_\_\_\_

(Street)

(City)

(State)

(Zip)

Home Phone Number \_\_\_\_\_ Other Phone Number \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

**(Note: Changes in address and phone number must be reported to the  
Civil Service Commission promptly or this application will be considered invalid.)**

List all residences within the last ten years:

<u>To/From</u>	<u>Number/Street</u>	<u>City</u>	<u>State</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

- 1. a. Are you at least 18 years of age?  YES  NO
- b. FOR UNIFORMED POLICE RECRUIT JOBS ONLY:  
    Are you at least 21 years of age?  YES  NO
- c. FOR UNIFORMED FIRE RECRUIT JOBS ONLY:  
    Are you at least 18 years of age?  YES  NO

2. Have you been employed by the Village of St. Bernard or the St. Bernard- Elmwood Place Schools before?  YES  NO  
Date: from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

3. Have you ever been employed by another public agency?  YES  NO  
Date: from \_\_\_\_\_ to \_\_\_\_\_ Position \_\_\_\_\_

4. Do any of your friends or relatives work here?  YES  NO  
If yes, list name(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Do you possess a valid drivers License?  YES  NO

License Number \_\_\_\_\_ State: \_\_\_\_\_ (MUST BE COMPLETED OR APPLICATION VOID)

6. Do you possess a valid CDL license?  YES  NO

License Number \_\_\_\_\_ State: \_\_\_\_\_

7. Have you ever had your drivers or CDL license revoked or suspended?  YES  NO

8. List all driving citations/summons you have received as an adult.

<u>Month/Year</u>	<u>Charge</u>	<u>City or State</u>	<u>Disposition</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

9. Do you have any physical limitations which might preclude you from performing the essential job functions for which position you are applying?

YES  NO

explain \_\_\_\_\_

**Note:** The Village of St. Bernard invites applicants with disabilities to voluntarily identify themselves and discuss the accommodations that may be required.

10. Are you a citizen of the United States?  YES  NO

**EQUAL EMPLOYMENT OPPORTUNITY**

These questions are included to assist our equal employment opportunity efforts. Providing this information is VOLUNTARY and will in no way affect the processing of your application or your being considered for employment. Responses will be used for statistical purposes only.

11. OPTIONAL: Race/Ethnicity

- Black or African American
- Hispanic or Latino
- Asian
- Other: \_\_\_\_\_

12. OPTIONAL: Gender \_\_\_\_ Male \_\_\_\_ Female

13. OPTIONAL: Please select your age group

- Under 18  40-54
- 18-25  55-69
- 26-39  70+

**EDUCATION**

	Elementary	High	College University	Graduate Professional
School name and Address				
Years Completed: (Circle)	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma / Degree				
Describe Course of Study				
Describe Specialized Training, Apprenticeship, Skills and Extra-Curricular Activities				

Honors Received: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**VILLAGE USE**

**ONLY:** \_\_\_\_\_

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

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**MILITARY SERVICE RECORD**

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Are you a veteran of the U. S. Military Service?  YES  NO  
If yes, what type of duty?  RESERVE  NATIONAL GUARD  REGULAR

If yes, what branch? \_\_\_\_\_

Dates of duty: From \_\_\_\_\_

To \_\_\_\_\_

Rank at discharge \_\_\_\_\_

List duties in the service, including special training \_\_\_\_\_

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**(ATTACH COPY OF PROOF OF ACTIVE DUTY)**

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State any additional information you feel may be helpful to us in considering your application: \_\_\_\_\_

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**PERSONAL REFERENCES (not former employers or relatives)**

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Name and Occupation	Address	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

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**EMPLOYMENT EXPERIENCE**

List each job held. Start with your Present or Last Job. Include military service assignments and volunteer activities. (Exclude groups which indicate race, color, religion, sex or national origin.)

<b>1 Employer</b>	<b>Dates</b>		<b>Work Performed</b>
	From	To	
<b>Address</b>			
<b>Job Title</b>	<b>Hourly, Rate/Salary</b>		
	Starting	Final	
<b>Supervisor</b>			
<b>Reason for Leaving</b>	Full Time _____	(30 or more hrs. per week)	
	Part Time _____	(No. of hrs. per week _____)	

<b>2 Employer</b>	<b>Dates</b>		<b>Work Performed</b>
	From	To	
<b>Address</b>			
<b>Job Title</b>	<b>Hourly, Rate/Salary</b>		
	Starting	Final	
<b>Supervisor</b>			
<b>Reason for Leaving</b>	Full Time _____	(30 or more hrs. per week)	
	Part Time _____	(No. of hrs. per week _____)	

<b>3 Employer</b>	<b>Dates</b>		<b>Work Performed</b>
	From	To	
<b>Address</b>			
<b>Job Title</b>	<b>Hourly, Rate/Salary</b>		
	Starting	Final	
<b>Supervisor</b>			
<b>Reason for Leaving</b>	Full Time _____	(30 or more hrs. per week)	
	Part Time _____	(No. of hrs. per week _____)	

<b>4 Employer</b>	<b>Dates</b>		<b>Work Performed</b>
	From	To	
<b>Address</b>			
<b>Job Title</b>	<b>Hourly, Rate/Salary</b>		
	Starting	Final	
<b>Supervisor</b>			
<b>Reason for Leaving</b>	Full Time _____	(30 or more hrs. per week)	
	Part Time _____	(No. of hrs. per week _____)	

List other skills and qualifications not noted that are pertinent to the position for which you have applied: \_\_\_\_\_

\_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude groups which indicate race, color, religion, sex or national origin.): \_\_\_\_\_

Are you on lay-off subject to recall?  YES  NO

If yes, explain \_\_\_\_\_

May we contact your present employer?  YES  NO

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**APPLICANT'S CERTIFICATE AND RELEASE**

(Read Carefully Before Signing)

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All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if I am hired. I hereby authorize any present or former employer, person, firm, corporation, or government agency to answer any and all questions and to release or provide any information within their knowledge or records and I agree to hold any and all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records. Applicants for positions may be required to take a Polygraph (Lie Detector) examination to confirm the information in this questionnaire, and to determine other items of background information.

(Signature) \_\_\_\_\_ (Date) \_\_\_\_\_

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**FOR PERSONNEL DEPARTMENT USE ONLY**

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Arrange Interview  YES  NO

Remarks \_\_\_\_\_

\_\_\_\_\_  
Interviewer Date

Employed  YES  NO Date of Employment \_\_\_\_\_

Job Title \_\_\_\_\_ Hourly Rate/  
Salary \_\_\_\_\_ Department \_\_\_\_\_

By \_\_\_\_\_ Name and Title Date

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