



City of Sidney
 201 West Poplar Street Sidney, Ohio 45365
 Phone 937-498-2335, Fax 937-498-8160



PART TIME
Shelby Public Transit Driver
 Job# 2013-02

NOTICE: *This application is part of the examination process. Incomplete and/or inaccurate answers will result in your not being considered. False statements will invalidate your application and/or appointment.*

PERSONAL

Name _____ SSN# _____ - _____ - _____
Last First Middle

Address _____ Phone # (____) - _____
Street Address City State Zip

Cell Phone # (____) - _____
 E-mail Address _____

Name of person who can be reached at all times _____ Phone # (____) - _____

Commercial Driver's License Yes No Class _____ Type _____

Driver's License # or State ID # _____

EDUCATION (High School & Post High School Only)

School	Name of School	Circle Last Year Completed	Did You Graduate?	Course of Study And/or Degree
High School		9 10 11 12	Yes No Attending	
College		1 2 3 4	Yes No Attending	
Other (specify)				

MILITARY SERVICE IN U.S. ARMED FORCES

Branch of Service _____

Military Training and Experience _____

MISCELLANEOUS

Position applied for _____ # of years experience in this work _____

Referred to City by _____ May we refer to your present or previous employer? _____

List any special skills and abilities including any relevant volunteer or unpaid experience _____

PRIOR WORK HISTORY (List last employer first)

DATE:

FROM **TO**

EMPLOYER

NATURE OF WORK

Name _____

Address _____

Supervisor's Name _____

Reason for leaving _____

Rate of Pay: _____

Name _____

Address _____

Supervisor's Name _____

Reason for leaving _____

Rate of Pay: _____

Name _____

Address _____

Supervisor's Name _____

Reason for leaving _____

Rate of Pay: _____

Name _____

Address _____

Supervisor's Name _____

Reason for leaving _____

Rate of Pay: _____

PROFESSIONAL REFERENCES (List three people who have knowledge of your character, experience and ability)

Name

City/State

Occupation

Telephone Number

Can you physically perform all of the essential functions of the job as listed on the job description? If you cannot perform all functions, which one can you not perform and what accommodation could be made so that you could perform all the essential functions of the job? Yes No

PLEASE READ AND SIGN BELOW:

The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way. If the employer decides to employ me, I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason not contrary to law. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. No one other than the City Manager of the City of Sidney has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the City Manager.

Date _____

Signature _____



RELEASE AND AUTHORIZATION

To Whom It May Concern:

This release is for the consideration of my employment with the City of Sidney for purposes of evaluating my general medical condition or injuries I have received.

I hereby authorize the City of Sidney, Ohio and any of its officers, or agents, to inspect and copy all medical records, reports, and information concerning my past or present medical condition or treatment I have received or am receiving.

I understand that an OBMV (Ohio Bureau of Motor Vehicles) license check and BCII (Bureau of Criminal Investigation and Identification) criminal background check concerning my past or present traffic and criminal record is required before an offer of employment can be made.

I understand that as part of my application for employment I must successfully complete a pre-employment drug test or a USDOT drug test as required by 49 CFR Part 655, and that a negative test result is required before I will be considered for employment with the City of Sidney.

I hereby revoke all other releases executed by me prior to the date hereof:

Date: _____

Signature

Street Address

City, State, Zip

Name or any other Name Used



INSTRUCTIONS:

The City of Sidney is required to report on the statistical information requested below. If you choose to volunteer this information, it will be filed separately from your employment application. Whether or not you elect to provide this information is entirely voluntary and will not affect any employment decision. However, in order for us to gather the needed information, we do ask that you provide responses to all 6 questions. If you prefer not to answer any or all of the following questions, please select the box/es titled “No Response”. Thank you for your assistance in this statistical survey.

1) **ETHNIC RACIAL STATUS:** (Please check only one)

- | | | |
|--------------------------------|--|---|
| <input type="checkbox"/> White | <input type="checkbox"/> Hispanic | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Black | <input type="checkbox"/> American Indian | <input type="checkbox"/> Other |
| | | <input type="checkbox"/> No Response |
-

2) **SEX:**

- | | | |
|-------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> No Response |
|-------------------------------|---------------------------------|--------------------------------------|
-

3) **AGE GROUP:**

- | | | |
|--|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> 16 W/Proof of Age | <input type="checkbox"/> 18 to 25 | <input type="checkbox"/> 41 to 65 |
| <input type="checkbox"/> 17 | <input type="checkbox"/> 26 to 40 | <input type="checkbox"/> 66 and older |
| | | <input type="checkbox"/> No Response |
-

4) **HOW DID YOU HEAR ABOUT THIS JOB?** (Please check only one)

- | | | |
|--|---|---|
| <input type="checkbox"/> Sidney Daily News | <input type="checkbox"/> Friend | <input type="checkbox"/> Internet |
| <input type="checkbox"/> Area Newspaper | <input type="checkbox"/> Current Employee | <input type="checkbox"/> Radio/Television |
| <input type="checkbox"/> Ohio Employment Service | <input type="checkbox"/> Professional Journal | <input type="checkbox"/> No Response |
-

5) **RESIDENCE:** (Please check only one)

- | | | | |
|---------------------------------|--|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Sidney | <input type="checkbox"/> Shelby County | <input type="checkbox"/> Ohio | <input type="checkbox"/> Out of State |
| | | | <input type="checkbox"/> No Response |
-

6) **DO YOU HAVE A KNOWN DISABILITY?**

- | | | |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Response |
|------------------------------|-----------------------------|--------------------------------------|