

**CITY OF NAPOLEON**  
**APPLICATION FOR EMPLOYMENT AND**  
**CIVIL SERVICE EXAMINATION**  
The City of Napoleon is an Equal Opportunity Employer

Please submit one application per position or examination to the address indicated on the job posting or examination announcement. Applications lacking sufficient information will be rejected. It is your responsibility to assure that your application is received or postmarked by the closing date, as required on the job posting or examination announcement. Please be sure to fill out all sections of this form. Also please note that this completed form will become a public record when submitted to the City.

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If applying for a **POSTED POSITION**, fill in the information in the area below:

Posted Job Title \_\_\_\_\_

Department \_\_\_\_\_ Deadline Date \_\_\_\_\_

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If applying for a **CIVIL SERVICE EXAMINATION**, fill in the information in the area below. For civil service examinations, a résumé may *not* be used as a substitute for completing this application. Check the “Military Credit Claim” box to request Military Credit. **NOTE:** In order to claim U.S. military service credit on your examination score, you must submit a copy of your Honorable Separation from active duty or DD214 with this application. **NOTE:** To receive any potential credit towards your final grade at time of testing for having acquired a college degree or Certification related to the field for which you are applying, you must attach proof by way of a copy of the diploma and/or certification to this application at time of filing.

Exam Title \_\_\_\_\_ Exam Date \_\_\_\_\_  
Deadline Date \_\_\_\_\_  Military Credit Claim  College Credit or Certification Claim

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**SUMMARY OF QUALIFICATIONS**

In the area below, describe briefly the experience, education, training and other factors that qualify you for the position or examination for which you are applying. Refer to the minimum qualifications and any position-specific qualifications posted for this position or examination.

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<b>DO NOT WRITE IN THIS SPACE — FOR INTERNAL USE ONLY</b>
<input type="checkbox"/> APPROVED ANALYST _____
<input type="checkbox"/> DISAPPROVED: <input type="checkbox"/> Education <input type="checkbox"/> Experience <input type="checkbox"/> Late <input type="checkbox"/> Incomplete <input type="checkbox"/> Other _____

**\* APPLICATION MUST BE NOTARIZED AND HAVE  
REQUIRED CERTIFICATIONS ETC., AS REQUIRED**

Name \_\_\_\_\_

**PERSONAL INFORMATION**

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Initial \_\_\_\_\_  
 Home Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_  
 Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_  
 Email: \_\_\_\_\_

**SOCIAL SECURITY NUMBER NOTICE**

Upon appointment a request for a SSN is mandatory. Your SSN may be used for purposes including but not limited to the following: Identification of obligors under child support orders, detection of welfare fraud, processing background checks and tax information, obtaining credit reports, or general employee identification.

The following information will be used only if it is directly related to the position or examination for which you are applying:

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 1. Are you willing and able to secure an Ohio Driver License, if a license is required? .....                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. If the position requires travel, can you supply your own transportation? .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are you a resident of Ohio or willing and able to become and remain one? .....                             | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are you a citizen of the United States? .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| If no, are you eligible to become one?.....   | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you meet the minimum age requirements of the job you are applying for? .....                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been employed by the City of Napoleon, the state, or any political subdivision of Ohio?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are you willing to meet the residency requirement of the City? .....                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you grant permission to contact your current employer? .....  | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered "YES" to question #6 or #7, please explain fully, indicating by number the question to which you are responding. \_\_\_\_\_

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

**LICENSES, REGISTRATION, AND CERTIFICATES**

Be sure to include any valid driver license or commercial driver license.

License/Certification Issued by	Field/Trade/Specialization	License/Certificate Number	Expires

## EXPERIENCE

In the areas below, please list your past work experience beginning with your current or most recent employment. Military experience and volunteer work may also be included as employment. **NOTE:** In order to be considered for employment, you must fill in the information below, accurately and completely. You may submit a résumé *in addition to* completing this section. If applying for a civil service examination, only the information provided below will be considered. A résumé may not be used.

**If you need additional space, attach extra copies of this page.**

Employer _____ Phone (____) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____ _____	From <u>    </u> / <u>    </u> / <u>    </u> <small>Month Day Year</small> To <u>    </u> / <u>    </u> / <u>    </u> <small>Month Day Year</small> Salary _____ Supervisor's Name and Title _____ _____
Employer _____ Phone (____) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____ _____	From <u>    </u> / <u>    </u> / <u>    </u> <small>Month Day Year</small> To <u>    </u> / <u>    </u> / <u>    </u> <small>Month Day Year</small> Salary _____ Supervisor's Name and Title _____ _____
Employer _____ Phone (____) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____ _____	From <u>    </u> / <u>    </u> / <u>    </u> <small>Month Day Year</small> To <u>    </u> / <u>    </u> / <u>    </u> <small>Month Day Year</small> Salary _____ Supervisor's Name and Title _____ _____
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Employer _____ Phone (____) _____ Address _____ City _____ State _____ Zip _____ Reason for Leaving _____ Job Title _____ Job Duties _____ _____ _____	From <u>    </u> / <u>    </u> / <u>    </u> <small>Month Day Year</small> To <u>    </u> / <u>    </u> / <u>    </u> <small>Month Day Year</small> Salary _____ Supervisor's Name and Title _____ _____

## REFERENCES

In the areas below, please provide three (3) professional references:

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## EDUCATION

High School Graduate?  Yes  No

Name and Location of High School (city and state) \_\_\_\_\_

GED Certificate Number \_\_\_\_\_ GED Issued by \_\_\_\_\_

## POST-HIGH SCHOOL EDUCATION

INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

SCHOOL NAME AND LOCATION	MAJOR AREA(S) OF STUDY	TYPE OF DEGREE OR CERTIFICATION

Please list below the specific course work completed at the high school level or beyond relevant to the position or examination for which you are applying. **NOTE:** A transcript may *not* be substituted for this section, although you may be required to submit a transcript.

COURSE WORK AREA	NO. OF COURSES	COURSE WORK AREA	NO. OF COURSES

**TRAINING AND OTHER QUALIFICATIONS**  
(Do not include course work already described above)

SUBJECT OR TITLE OF TRAINING	ORGANIZATION	LENGTH OF TRAINING

List special equipment or machines you can operate: \_\_\_\_\_

List computer software in which you have skill, including word processing, spreadsheet, and database programs. Please indicate the name of the specific software: \_\_\_\_\_

List special clerical skills, including typing and shorthand: \_\_\_\_\_  
Typing Speed: \_\_\_\_\_

List any additional relevant skills you have: \_\_\_\_\_

**[The following oath must be taken before a NOTARY PUBLIC or other OFFICER authorized to administer oaths for general purposes, and the Officer's signature must be authenticated of Official Seal.]**

**CERTIFICATION**

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. 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, including any participation in a controlled substance and alcohol testing program. I consent that they may disclose such information to the City of Napoleon 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, and passing of a physical examination, if applicable.

**APPLICANT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

The State of \_\_\_\_\_, County of \_\_\_\_\_, ss.

I, \_\_\_\_\_, a legal resident of \_\_\_\_\_, County of \_\_\_\_\_, the State of \_\_\_\_\_, having been sworn (or affirmed) declare that I am the person described in the foregoing application; and that all the statements contained in said answers are true to the best of my knowledge and belief.

\_\_\_\_\_  
Applicant's Signature

(OFFICIAL SEAL)

\_\_\_\_\_  
(Signature of Notary Public or other person authorized to give oaths)

**THE CITY OF NAPOLEON, OHIO  
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

<b>FORM 1.06(C) FAIR CREDIT REPORTING ACT NOTICE AND AUTHORIZATION</b>
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In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

I hereby authorize the employer to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

I do not consent

**THE CITY OF NAPOLEON, OHIO  
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

<b>FORM 1.06(F) AUTHORIZATION OF BACKGROUND/REFERENCE CHECKS</b>
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I understand that a background check may be required prior to employment, and that drug testing may be required. I hereby 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 employer for recruitment purposes.

I hereby give consent and authorize the employer to conduct, either by itself or through the utilization of an outside agency, any investigation the employer deems necessary.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

I do not consent

# APPLICANT'S CONSENT AND WAIVER FORM

Last Name	First Name	Middle Name
Address (Number, Street, City, State, Zip Code)		
Telephone Number(s)		Date of Birth

**In consideration for the City of Napoleon (hereinafter "City") evaluating the above names applicant for a term of employment as well as in consideration of both future and continued employment if hired, the above named applicant hereby agrees to each and every item of consent or waiver below:**

<input type="checkbox"/> <hr style="width: 50%; margin: 0;"/> <i>initial</i>	Understanding that the furnishing of Social Security Number is optional, I consent to furnishing my Social Security number to the City and to its use by the City and its agents, for the purposes of employment evaluation, including obtaining credit reports, criminal records (only convictions related to job function), and references, the use both now and in the future.
<input type="checkbox"/> <hr style="width: 50%; margin: 0;"/> <i>initial</i>	In order to maintain workplace efficiency and productivity, as well as to reduce losses to the City resulting from theft, I consent to City inspections of any desk, locker, and all other locations that are either owned or controlled by the City. I further consent to the City searching any packages or closed containers that I may bring into or out of the work area; all the above I consent to for both now and in the future.
<input type="checkbox"/> <hr style="width: 50%; margin: 0;"/> <i>initial</i>	Since the safety and security of our employees is a paramount concern to the City, the City may install and use surveillance cameras. Although it is understood that the use of such cameras is primarily limited to personnel safety and security measures, the City or law enforcement personnel may also occasionally utilize such equipment for the investigation of criminal activity. I hereby consent both now and in the future to such surveillance monitoring.
<input type="checkbox"/> <hr style="width: 50%; margin: 0;"/> <i>initial</i>	I consent to the City accessing all e-mail messages, hard drives, and backup copies both now and in the future, for the purposes of evaluating the effectiveness and operation of the e-mail system; finding lost messages; investigation of criminal activity; discovering and preventing the disclosure of unauthorized, privileged or confidential City information; recovery from system failures; and discovery and prevention of unauthorized duplication of software and unauthorized use of the City's computers.
<input type="checkbox"/> <hr style="width: 50%; margin: 0;"/> <i>initial</i>	I agree to hold harmless in tort the City, its officials, agents and employees and any party responding to a City request for a reference; and hereby waive any cause of action against such party, including those for invasion of privacy (intrusion upon seclusion and public disclosure of private facts), intentional infliction of emotional distress and defamation.
<input type="checkbox"/> <hr style="width: 50%; margin: 0;"/> <i>initial</i>	I consent to financial checks being made on me by the City for purposes of employment and/or promotion, both now and in the future, and release and hold harmless the City, its officials, officers and employees for any harm as a result thereof.

\_\_\_\_\_  
Applicant Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

**\*\* Applicant must put their initials in each of the checked boxes.**

**THE CITY OF NAPOLEON, OHIO  
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

**FORM 1.06(E)  
EEO APPLICANT FLOW FORM**

*\* The information below is used for HR purposes in order to fulfill reporting requirements for the Equal Employment Opportunity Commission. The information provided is not used for selecting candidates.\**

Name \_\_\_\_\_ Date \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

If you are applying for a specific position, please indicate:

Job Title \_\_\_\_\_ Position Control No. (PCN) \_\_\_\_\_

Agency/Department \_\_\_\_\_

If you are applying for a civil service examination, please indicate:

Exam No. \_\_\_\_\_ Exam Title \_\_\_\_\_

How did you learn about this position or examination?

- |  |  |
|--|--|
| <input type="checkbox"/> Centralized Recruitment Office  | <input type="checkbox"/> Paper Vacancy Posting |
| <input type="checkbox"/> Civil Service Test Announcement | <input type="checkbox"/> Newspaper             |
| <input type="checkbox"/> Electronic/Computer Posting     | <input type="checkbox"/> Other _____           |

Sex:  Male  Female

Disability: Are you an individual with a physical or mental impairment which substantially limits one or more of your major life activities:  Yes  No

Veteran Status: Are you a veteran?  Yes  No

- Disabled Veteran  Vietnam Era Veteran  Desert Storm/Shield Veteran

I do not wish to release this information

This applicant flow form should be submitted with your application. The agency will process this survey separately and use the information for statistical purposes only.

**NOTE:** We request the information on this applicant flow form in order to assist our equal employment opportunity efforts. This information is *voluntary* and will in no way affect the processing of your application or your being considered for employment.

**THE CITY OF NAPOLEON, OHIO  
SELECTION, HIRING, AND DOCUMENTATION MANUAL**

**FORM 1.06(E)  
EEO APPLICANT FLOW FORM**

*\* The information below is used for HR purposes in order to fulfill reporting requirements for the Equal Employment Opportunity Commission. The information provided is not used for selecting candidates. \**

Race:

- |   |  |
|---|--|
| <input type="checkbox"/> White                                | Persons having origins in any of the original peoples of Europe or the Middle East   |
| <input type="checkbox"/> Black                                | Persons having origins in any of the black racial groups of Africa   |
| <input type="checkbox"/> Hispanic                             | Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race   |
| <input type="checkbox"/> Native American or<br>Alaskan Native | Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition |
| <input type="checkbox"/> Asian/Pacific Islanders              | Persons having origins in any of the original peoples of the Far East, Southeast Asia, Indian Subcontinent, or the Pacific Islands                                   |

I do not wish to release this information