

EMPLOYMENT HISTORY (LIST MOST RECENT FIRST)

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

POSITION/TITLE: _____ FROM MONTH/YEAR: _____ TO MONTH/YEAR: _____

BEGINNING SALARY/HOURLY WAGE: _____ ENDING SALARY/HOURLY WAGE: _____

REASON FOR LEAVING: _____

NAME & TITLE OF SUPERVISOR: _____

MAY WE CONTACT ABOVE SUPERVISOR? _____

DESCRIBE RESPONSIBILITIES: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

POSITION/TITLE: _____ FROM MONTH/YEAR: _____ TO MONTH/YEAR: _____

BEGINNING SALARY/HOURLY WAGE: _____ ENDING SALARY/HOURLY WAGE: _____

REASON FOR LEAVING: _____

NAME & TITLE OF SUPERVISOR: _____

MAY WE CONTACT ABOVE SUPERVISOR? _____

DESCRIBE RESPONSIBILITIES: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

POSITION/TITLE: _____ FROM MONTH/YEAR: _____ TO MONTH/YEAR: _____

BEGINNING SALARY/HOURLY WAGE: _____ ENDING SALARY/HOURLY WAGE: _____

REASON FOR LEAVING: _____

NAME & TITLE OF SUPERVISOR: _____

MAY WE CONTACT ABOVE SUPERVISOR? _____

DESCRIBE RESPONSIBILITIES: _____

REFERENCES (NO RELATIVES)

FULL NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE : _____

FULL NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE : _____

FULL NAME: _____ OCCUPATION: _____

ADDRESS: _____ PHONE : _____

MILITARY SERVICE RECORD

ARE/WERE YOU IN THE U.S. ARMED FORCES? _____ IF YES, WHICH BRANCH? _____

DATES OF DUTY: FROM _____ TO _____ RANK AT DISCHARGE: _____

LIST DUTIES INCLUDING SPECIAL TRAINING: _____

DISCLAIMER AND SIGNATURE

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application shall be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history, background checks and fingerprints.

In making this application for employment I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics, and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of any such investigative report that is made.

I realize and understand that I may be subject to random drug testing according to City Policy, and that this application and information received by the City of Louisville regarding this application may be subject to the State of Ohio Public Records Act.

Signature of Applicant

Date

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

We consider applications for all positions without regard to race, color, religion, gender, marital status, age, national origin, ethnic heritage, sexual orientation, military presence or perception of a mental or physical disability which can be reasonably accommodated.

PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for public employment of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

LAST NAME		FIRST NAME		MIDDLE INITIAL
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? Yes No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? Yes No

If an applicant's employment is denied due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the denial. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

APPLICANT SIGNATURE X	DATE
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