

CITY OF MARTINS FERRY, OHIO

EMPLOYMENT APPLICATION

TO BE COMPLETED BY CITY IF  
EMPLOYED ONLY:

DEPARTMENT \_\_\_\_\_  
POSITION \_\_\_\_\_  
EFFECTIVE DATE \_\_\_\_\_  
STARTING DATE \_\_\_\_\_  
\_\_\_\_\_ FULL TIME \_\_\_\_\_ PART TIME  
\_\_\_\_\_ PERMANENT \_\_\_\_\_ SEASONAL

The City of Martins Ferry is an Equal Employment Opportunity Employer and does not discriminate on the basis of age, race, color, religion, sex, national origin or ancestry. The City also does not discriminate on the basis of handicaps which do not impair an employee's work performance or create work hazards for such employee or others.

PLEASE TYPE OR PRINT CLEARLY

Date: \_\_\_\_\_

I. Personal Information

1. Name \_\_\_\_\_ SS No. \_\_\_\_\_  
(Last) (First) (Middle)

2. Present Address \_\_\_\_\_  
(No.) (Street) (City) (State) (Zip)

3. Number of years at above address \_\_\_\_\_

4. Phone Number: \_\_\_\_\_  
(Home) (Area Code) (Cell) (Area Code)

5. Most recent previous address: \_\_\_\_\_  
(No.) (Street)  
(City) (State) (Zip)

6. Number of years at that address: \_\_\_\_\_

7. Have you previously worked for the City of Martins Ferry: \_\_\_\_\_

8. What are your hobbies and recreational pursuits: \_\_\_\_\_  
\_\_\_\_\_

9. Activities: List any civic, social or fraternal organizations to which you belong (do not include organizations, the name of character of which indicate your age, race, color, religion, sex, national origin or ancestry). \_\_\_\_\_

10. Date of Birth: \_\_\_\_\_  
(Month) (Day) (Year)

11. Do you possess a valid driver's license: \_\_\_\_\_ Yes \_\_\_\_\_ No

12. Do you possess a valid CDL License: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Class

II. Position Sought:

1. Job (s) applied for: (a) \_\_\_\_\_ (b) \_\_\_\_\_

2. Do you want full time \_\_\_\_\_ or part time \_\_\_\_\_

3. If hired, when would you be able to start work: \_\_\_\_\_  
(Date)

4. If hired, do you have reliable transportation to work: \_\_\_\_\_  
(Yes/No)

III. Education and Work Experience Background

1. Formal Education

Type of School	Name & Address	Years Attended	Graduated-Yes/No	Course or Major
Grammar/Grade				
High School				
College				
Post Graduate				
Technical				
Business				
Trade				

2. Experience

List any past employment experiences, skills or qualifications you believe would be of value to the City if you are hired (give dates and locations of employment).

(Skill or position held) (Location) (Dates)

(Skill or position held) (Location) (Dates)

3. General: Answer where applicable:

a.

b.

c. List office machines you can operate: \_\_\_\_\_

\_\_\_\_\_

d. Typing words per minute: \_\_\_\_\_

e. Shorthand words per minute: \_\_\_\_\_

f.

IV. Work History: List in order: last or present employer first

Length of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Title of Position Held: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Starting salary \_\_\_\_\_ Describe in detail the work you did:

Last salary \_\_\_\_\_

Cause of leaving \_\_\_\_\_

\_\_\_\_\_

Length of Employment: From: \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Title of Position Held: \_\_\_\_\_

Name and address of employer: \_\_\_\_\_

Starting salary \_\_\_\_\_ Describe in detail the work you did:

\_\_\_\_\_

Last salary \_\_\_\_\_

Cause of leaving \_\_\_\_\_  
\_\_\_\_\_

Length of Employment: From \_\_\_\_\_ to \_\_\_\_\_  
(Month/Year) (Month/Year)

Title of Position Held \_\_\_\_\_  
Name and address of employer \_\_\_\_\_

Starting salary \_\_\_\_\_ Describe in detail the work you did:

Last salary \_\_\_\_\_

Cause of leaving \_\_\_\_\_  
\_\_\_\_\_

May we contact the employers listed above? \_\_\_\_\_  
(Yes/No)

If not, indicate which ones you do not wish us to contact and why:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been on or are currently on Workers' Compensation?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

The City of Martins Ferry reserves the right to run a background check.



# City of Martins Ferry

35 South 5th Street, Martins Ferry, Ohio 43935

## Division of Police

Chief of Police Jerry E. Murphy

Phone: 740.633.2121

Fax: 740.633.0634



In applying for employment with the Martins Ferry Police Dept, I hereby authorize the Department, and/or any designated agent including any consumer reporting agency in the Department's behalf, to conduct any desired background investigation of my personal history as allowed by law, and to obtain and review any criminal and civil court findings, consumer credit report, to investigate any action related to employment, and/or any investigative consumer report in conjunction with said investigation.

I understand the nature and scope of said inquiries may include, but is not limited to, verification, inspection and/or reporting of any lawfully available records or information pertaining to work history; education; worker's compensation claims, criminal and civil court related actions; driving history (including traffic related offenses); personal financial status including consumer credit reports; and, any other information available from any public or otherwise documented record, and/or from any past or present business, professional or personal associates, pertaining to, but not limited to, my work history, character, ethics, mode of living, and general reputation.

It is my understanding the information being obtained will not be used in violation of any federal or state equal opportunity law or regulation, and that before any adverse action is taken based upon review of any consumer credit report and/or investigative consumer report, I will be provided with a copy of said report as well as a summary of consumer's rights.

I hereby fully release the Martins Ferry Police Department, and any and all of its employees, directors, agents, successor and assigns, and any contributing parties or sources from whom any information is obtained, from any and all claims, actions or liability whatsoever which is in any way related to this or any subsequent investigation of my personal history.

I hereby state that all information provided by me to the Martins Ferry Police Department, in any form, is, to the best of my knowledge, true, correct and complete. I also understand that any known misrepresentation made by me to the Department will exclude me from further consideration as a candidate for employment or advancement, and may result in termination of my employment with the Department if I am hired and or advanced by the Department before such misrepresentation is identified.

Signature

Date

(Applicant)

Print Name

Received by:

Signature

Date

Name and Title

**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 of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division website for a reference copy of the Terrorist Exclusion List).

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, and financial services that are in excess of one hundred dollars, as well as 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 division (A)(2)(b) of section 2909.32 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.

1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?  
☐ Yes ☐ No
2. 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
3. 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

PUBLIC EMPLOYMENT - CONTINUED

4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?  
☐ Yes ☐ No
5. 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
6. 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

In the event of a denial of public employment due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division website.

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.

X

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date