

Submit completed application form to City of Bowling Green, Personnel Department via US Mail or hand-delivery to 304 North Church Street, Bowling Green, Ohio. You may also send application materials via email to [BGPersonnel@bgohio.org](mailto:BGPersonnel@bgohio.org) or via fax to (419) 352-1262. You may reach the Personnel Department by phone at (419) 354-6200. All application materials must be submitted to the Personnel Department by 4:30 p.m. on the date of closing. Résumés may be included, but will not substitute for a completed application. AA/EEO

**City of Bowling Green, Ohio - Application for Employment**  
**The City of Bowling Green is an Equal Opportunity Employer**  
**and is a Drug-Free Workplace**

The City considers applicants for positions without regard to race, color, religion, creed, gender/sex, national origin, age\*, disability, marital status, veteran status, military status, sexual orientation, political ideology, genetic information, or any other legally protected status. (\*Pursuant to the Federal Exemption to the ADEA and Ohio Law, age maximums are established when hiring entry-level Police Officers and Firefighter/EMTs.)

Notice to Applicants – A post-offer screening test for drug use may be required before hire, and screening tests for both alcohol and drug use may be required during employment. As a result of the Ohio Public Records Law, the identity of applicants and application materials cannot be considered confidential. Application materials may be subject to disclosure under Ohio law. It is the City's practice to accept employment applications only when specific job vacancies are available. The application file for this position will be considered active only until such time as the vacancy is filled. You would be required to submit another application should you decide to apply for another City position.

**PLEASE PRINT IN INK OR TYPE**

Title of Position Applying for: \_\_\_\_\_

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ E-mail address: \_\_\_\_\_

Best time to contact you (Time & preferred phone number): \_\_\_\_\_

Have you ever worked under another name?      Yes      No

If yes, what name: \_\_\_\_\_

Are you a U.S. veteran?      Yes      No

Are you currently employed?      Yes      No

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes      No      N/A

Have you ever filed an application with the City before?      Yes      No

When: \_\_\_\_\_ For which position: \_\_\_\_\_

Have you previously worked at the City of Bowling Green?      Yes      No

When: \_\_\_\_\_ Job Title: \_\_\_\_\_

May we contact your current employer?                      Yes                      No

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status?                      Yes                      No

***(Proof of citizenship or immigration status will be required upon employment)***

Date Available to work: \_\_\_\_\_ Desired salary: \_\_\_\_\_

Are you available to work (Check all that apply)

Full-time	Part-time	Temporary
1 <sup>st</sup> Shift (day)	2 <sup>nd</sup> Shift (evening)	3 <sup>rd</sup> Shift (night)
Swing Shifts	Holidays	Overtime

Are you currently on "lay-off" status and subject to recall:                      Yes                      No

Can you travel if the job requires it?                      Yes                      No

**How did you learn about this opening?**

Newspaper Advertisement:                      Yes                      No

Name of Paper: \_\_\_\_\_

Website:                      Yes                      No

Name of Website: \_\_\_\_\_

Employment Agency:                      Yes                      No

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

Friend or Relative:                      Yes                      No

City Employee:                      Yes                      No

Other: \_\_\_\_\_

Do you have any relatives currently employed by the City?                      Yes                      No

If yes, list names: \_\_\_\_\_

Can you perform the essential functions of the job, as described in the job description, with or without reasonable accommodations?

Yes                      No

**EMPLOYMENT EXPERIENCE:** If you require more space, you should attach another sheet of paper to this application. Include military service or any job-related volunteer activities. (**Note:** A résumé may be attached, but it **MAY NOT** be used as a substitute for completing this section.) ***Start with present or most recent employment.***

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title Held: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Period: From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Hours per week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Reason for leaving: Resigned with Notice Quit (No Notice) Laid Off Graduated (intern)

Terminated (reason): \_\_\_\_\_ Other (explain) \_\_\_\_\_

Description of Duties, Responsibilities, Equipment Operated:

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title Held: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Period: From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Hours per week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Reason for leaving: Resigned with Notice Quit (No Notice) Laid Off Graduated (intern)

Terminated (reason): \_\_\_\_\_ Other (explain) \_\_\_\_\_

Description of Duties, Responsibilities, Equipment Operated:

Employer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Job Title Held: \_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Supervisor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Employment Period: From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_

Hours per week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_

Reason for leaving: Resigned with Notice Quit (No Notice) Laid Off Graduated (intern)

Terminated (reason): \_\_\_\_\_ Other (explain) \_\_\_\_\_

Description of Duties, Responsibilities, Equipment Operated:

Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Job Title Held: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Supervisor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employment Period: From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_  
 Hours per week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Reason for leaving: Resigned with Notice Quit (No Notice) Laid Off Graduated (intern)  
 Terminated (reason): \_\_\_\_\_ Other (explain) \_\_\_\_\_  
 Description of Duties, Responsibilities, Equipment Operated:

Employer's Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Job Title Held: \_\_\_\_\_  
 Supervisor's Name and Title: \_\_\_\_\_  
 Supervisor's Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 Employment Period: From: Month/Year \_\_\_\_\_ To: Month/Year \_\_\_\_\_  
 Hours per week: \_\_\_\_\_ Rate of Pay: \_\_\_\_\_  
 Reason for leaving: Resigned with Notice Quit (No Notice) Laid Off Graduated (intern)  
 Terminated (reason): \_\_\_\_\_ Other (explain) \_\_\_\_\_  
 Description of Duties, Responsibilities, Equipment Operated:

**SKILLS INVENTORY:** Check any of the following for which you have training, experience or certification.

Office/Clerical

- Typing WPM \_\_\_\_\_
- Radio Dispatching
- Account Clerk
- Calculator/Adding Machine
- Microsoft Word
- Microsoft Excel
- Adobe Acrobat
- Mailing Services Equipment

Technical

- Computer Hardware
- Computer Languages
- Computer Software
- Computer Programming
- Graphic Arts
- HVAC
- Water

Skilled Crafts

- Power Tools
- Carpentry
- Plumbing
- Electrical
- Welding
- Painting

List additional software you are proficient in below:

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

List Ohio Water/Wastewater Treatment Certificates below:

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

Maintenance

- Backhoe/Front End Loader
- Dump Truck
- Maintenance Repair
- Custodial
- Groundskeeping
- Inventory Control
- Ohio Driver's License
- Commercial Driver's License
- CDL Class: \_\_\_\_\_

Protective Services

- Ohio Peace Officer's Training/Certification
- Where: \_\_\_\_\_
- \_\_\_\_\_
- Ohio Fire Training/Certification
- Where: \_\_\_\_\_
- \_\_\_\_\_

## Education and Training

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

Number of Years Completed: \_\_\_\_\_ Did you graduate? Yes No  
Did you earn GED? Yes No

Name and Address of Colleges/Universities Attended for **Undergraduate** Program (List Each College/University Separately):

Number of Years Completed: \_\_\_\_\_ Degree Earned: Yes No

Degree Earned: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Name and Address of Colleges/Universities Attended for **Graduate** Program:

Number of Years Completed: \_\_\_\_\_ Degree Earned: Yes No

Degree Earned: \_\_\_\_\_ Course of Study: \_\_\_\_\_

Other education/experience you consider significant (Provide name and address of facility, certification received, years completed, major area of study/training):

1. List memberships in professional organizations, associations, honors, certifications, and professional licenses you consider significant.
2. List specialized training or qualifications, not indicated already, that might be relevant to employment:
3. State any additional information you feel may be helpful to us in considering your application:

## REFERENCES

List three persons you have known for at least two years who have knowledge of your work and/or education experience. These individuals should not include friends or current/previous supervisors.

Name	Address	Telephone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Please Read Carefully Before Signing – Applicant’s Certification and Agreement**

I hereby certify that the information and facts set forth in this application are true, complete without omission to the best of my knowledge. I understand that any falsifications, misrepresentations, omissions of any facts, or incomplete statements in this application or other documents submitted for consideration of employment, such as a résumé, or in any interview, will be cause for denial of employment or immediate termination of employment, if employed, regardless of the timing or circumstances of discovery.

I understand that if I am hired this Application becomes a part of my official employment record. This application supersedes any other applications previously filed with the City of Bowling Green.

I authorize the City of Bowling Green to investigate any and all information provided or known. I understand that any falsification or omission of material facts in my application may be sufficient cause for disqualification or termination of employment with the City of Bowling Green. I hereby authorize any and all schools, employers, references, regulatory boards, courts and any others who have information about me to provide such information to the City of Bowling Green and/or any of its employees, representatives, agents or vendors. I release any such person, company, institution, or government agency from any liability for any and all damages that may result from providing and/or furnishing such information to the City of Bowling Green with regard to this application for employment.

I understand that prior to hire the City conducts background investigations of selected candidates. The background investigation process for non-temporary full-time and non-temporary part-time hires normally includes contacting current employers, previous employers, and references, and anyone else who those sources recommend. Both a criminal record and a driving record check will be performed. Pre-employment drug testing and medical examinations may be required pursuant to a conditional offer of employment. Temporary hires must also submit to the background investigation process or to pre-employment drug testing if the job duties include driving City vehicles or working directly with children. As part of the criminal records check process, those personnel who will work with children will be required to submit to a fingerprint check. I understand that failing the post-offer drug test will result in the City immediately rescinding the job offer tendered to me or the termination of employment, if I am already employed. I further understand that failing the post-offer medical examination may result in my disqualification for the specific job for which I am being considered. For positions which require driving a City vehicle, I understand that I must be insurable with the City’s insurance carrier. Additionally, if the position for which I am hired requires me to maintain a Commercial Driver’s License (CDL), I understand that I will be subject to not only pre-employment drug testing, but also random, post-accident, return-to-duty, and follow-up drug and alcohol testing in accordance with the rules established by the Federal Government. I agree to wear or use any protective clothing or devices, as required, and to abide by all established safety rules. I agree to comply with all City rules, regulations, and policies. I understand that workdays, hours of work, and/or location of my job or duties may be reassigned at the discretion of City management.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be made by the City of Bowling Green, such offer whether or not stated, is for employment at will, and that if I accept such offer, my employment may be terminated by either the City of Bowling Green or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of the City of Bowling Green or its employees or representatives used during the hiring process or during my employment may be deemed to be a contract for employment, either actual or implied. I understand that no employee or representative, other than the Mayor of the City of Bowling Green, has the authority to enter into any agreement contrary to the above and that any such agreement if made shall not be binding unless it is established in writing and signed by the Mayor of the City of Bowling Green. I understand that the application filed for this position will be active only until such time as the vacancy is filled. I would be required to submit another application should I decide to apply for another City position.

In consideration of the City of Bowling Green’s review of my application, I agree that any claim or lawsuit arising out of my employment with or application for employment with the City of Bowling Green must be filed no later than six (6) months after the date of employment action that is subject of the claim or lawsuit. While I understand that the statute of limitations for claims arising out of an employment action may be longer than six (6) months, I agree to be bound by the six (6) month period of limitations set forth herein and I waive any statute of limitations to the contrary. Should a court determine in some future lawsuit that this provision allows an unreasonably short period of time to commence a claim or lawsuit, the court shall enforce this provision so far as possible and shall declare the lawsuit barred unless it was brought within the minimum reasonable time within which the claim or suit should have commenced.

In consideration of employment, if offered, I agree to abide by and adhere fully to all rules, regulations, policies and procedures of the City of Bowling Green at all times. I further understand that the rules, regulations, policies and procedures may be changed at any time, with or without notice.

**I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS AND CONDITIONS.**

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF BOWLING GREEN  
REASONABLE ACCOMMODATION REQUEST FORM**

Name: \_\_\_\_\_  
*(Please Print)*                      Last    First    Middle Initial

Daytime Phone: \_\_\_\_\_

Position Title Applied for or City Program/Service: \_\_\_\_\_  
\_\_\_\_\_

I am either an applicant for the position named above or I am interested in the City program/service listed above, and may require Reasonable Accommodation. I hereby request that either the Personnel Department contact me regarding reasonable accommodation in the application and/or testing process, or the appropriate City department contact me regarding reasonable accommodation regarding the program/ service I have noted above. I authorize the Personnel Department and/or appropriate City Department to verify this request.

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

\_\_\_\_\_  
Date

PLEASE DESCRIBE BELOW THE ACCOMODATION YOU MAY REQUIRE:

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

This information shall be used for Affirmative Action (AA) Purposes only  
**EQUAL EMPLOYMENT OPPORTUNITY DATA SHEET**

**TO ALL APPLICANTS:** The CITY OF BOWLING GREEN is an Equal Opportunity/Affirmative Action employer. The City has received Federal and State grants and is therefore required to maintain information, separate from the application form, on individuals who apply for employment. We invite you to provide this information about yourself by completing this form.

**PROVIDING THIS INFORMATION IS STRICTLY VOLUNTARY. IF YOU CHOOSE NOT TO PROVIDE IT, THERE WILL BE NO ADVERSE EFFECT ON YOUR CONSIDERATION FOR EMPLOYMENT.**

(PLEASE PRINT- USE PEN OR TYPE)

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Last Name	First Name	Middle Initial	Date
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**POSITION APPLYING FOR:** \_\_\_\_\_

**INSTRUCTIONS:** Indicate the appropriate response for items A – J (Race and Ethnicity Identifiers are established by the Federal government for EEO Reporting)

**A. Race/Ethnicity**

- White (not Hispanic or Latino)
- Black or African-American (not Hispanic or Latino)
- American Indian or Alaskan Native (not Hispanic or Latino)
- Native Hawaiian or Other Pacific Islander (not Hispanic or Latino)
- Asian (not Hispanic or Latino)
- Two or more races, (not Hispanic or Latino)
- Hispanic or Latino (A Person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

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**Ethnicity**

Hispanic or Latino - (A Person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.)

**Race**

White (not Hispanic or Latino) – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

Black or African American (not Hispanic or Latino) - A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino) – A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

Asian (not Hispanic or Latino) – A person having origins in any of the original peoples of the Far East, Southeast Asia or the Indian Subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

American Indian or Alaskan Native (Not Hispanic or Latino) – A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community recognition.

Two or More Races (Not Hispanic or Latino) - All persons who identify with more than one of the above five races.

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**B. Gender/Sex**

- Female       Male
-



Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 10 of 11

Why are you being asked to complete this form?

Because we do business with the government, we must reach out to, hire, and provide equal opportunity to qualified people with disabilities.<sup>1</sup> To help us measure how well we are doing, we are asking you to tell us if you have a disability or if you ever had a disability. Completing this form is voluntary, but we hope that you will choose to fill it out. If you are applying for a job, any answer you give will be kept private and will not be used against you in any way.

If you already work for us, your answer will not be used against you in any way. Because a person may become disabled at any time, we are required to ask all of our employees to update their information every five years. You may voluntarily self-identify as having a disability on this form without fear of any punishment because you did not identify as having a disability earlier.

How do I know if I have a disability?

You are considered to have a disability if you have a physical or mental impairment or medical condition that substantially limits a major life activity, or if you have a history or record of such an impairment or medical condition.

Disabilities include, but are not limited to:

- Blindness
- Deafness
- Cancer
- Diabetes
- Epilepsy
- Autism
- Cerebral palsy
- HIV/AIDS
- Schizophrenia
- Muscular dystrophy
- Bipolar disorder
- Major depression
- Multiple sclerosis (MS)
- Missing limbs or partially missing limbs
- Post-traumatic stress disorder (PTSD)
- Obsessive compulsive disorder
- Impairments requiring the use of a wheelchair
- Intellectual disability (previously called mental retardation)

Please check one of the boxes below:

- YES, I HAVE A DISABILITY (or previously had a disability)
- NO, I DON'T HAVE A DISABILITY
- I DON'T WISH TO ANSWER

\_\_\_\_\_  
Your Name

\_\_\_\_\_  
Today's Date

## Voluntary Self-Identification of Disability

Form CC-305  
OMB Control Number 1250-0005  
Expires 1/31/2020  
Page 2 of 11

### Reasonable Accommodation Notice

Federal law requires employers to provide reasonable accommodation to qualified individuals with disabilities. Please tell us if you require a reasonable accommodation to apply for a job or to perform your job. Examples of reasonable accommodation include making a change to the application process or work procedures, providing documents in an alternate format, using a sign language interpreter, or using specialized equipment.

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<sup>i</sup> Section 503 of the Rehabilitation Act of 1973, as amended. For more information about this form or the equal employment obligations of Federal contractors, visit the U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP) website at [www.dol.gov/ofccp](http://www.dol.gov/ofccp).

**PUBLIC BURDEN STATEMENT:** According to the Paperwork Reduction Act of 1995 no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. This survey should take about 5 minutes to complete.