

# APPLICATION FOR PROMOTION



\_\_\_\_\_ title of position applying for

Announcement # \_\_\_\_\_

an Equal Opportunity Employer

Two Centennial Plaza  
805 Central Avenue, Suite 200  
Cincinnati, Ohio 45202

First Name:	Middle Initial:	Last Name:
Current Classification:	Soc. Sec. No.:	Employee ID No.:
Department:	Division:	
Home Address:	Email Address:	
City:	State:	Zip:
Daytime Phone:	Evening Phone:	Cell Phone:

Do you have a valid driver's license? (Show to staff or mail a copy)	N/A	YES	NO
Do you have the required professional license or certificate or CDL? (Attach a copy)	N/A	YES	NO
Do you request any reasonable accomodation to take the exam? (If so, attach a Request for Reasonable Accomodation Form)		YES	NO

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection, or may be cause for subsequent dismissal if I am hired. I hereby authorize any present or former employer, person, firm, corporation or government agency to answer any and all questions and to release or provide any information within their knowledge or records. I agree to hold any and all of them blameless and free of any liability for releasing any truthful information that is within their knowledge or records.

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

**FOR HR USE ONLY**

APPROVE \_\_\_\_\_ REJECT \_\_\_\_\_

REASON \_\_\_\_\_ DATE \_\_\_\_\_ ANALYST INITIALS \_\_\_\_\_

### TO BE FILLED IN BY CIVIL SERVICE STAFF:

DATE OF EXAMINATION	DATE APPOINTED TO CITY	SERVICE RATING DATE	SERVICE RATING POINTS	SENIORITY POINTS
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**NOTE: FOR HR DEPARTMENT STAFF USE ONLY**

**PLEASE TIME STAMP IN SPACE BELOW**

DRIVER'S LICENSE SHOWN: YES \_\_\_\_\_ NO \_\_\_\_\_ EXP DATE \_\_\_\_\_

CDL SHOWN: YES \_\_\_\_\_ NO \_\_\_\_\_ EXP DATE \_\_\_\_\_

NOTE: STAFF MEMBERS PLEASE INITIAL \_\_\_\_\_