

Filing Information

Civil Service Commission

Date: Mo: \_\_\_\_\_ Day: \_\_\_\_\_ Year: \_\_\_\_\_

Time: \_\_\_\_\_

Received By: \_\_\_\_\_

*Applicant: Do not write in this space*

APPLICATION FOR EMPLOYMENT  
City of Streetsboro

9184 State Route 43  
Streetsboro, Ohio 44241

Website: [http://  
www.cityofstreetsboro.com](http://www.cityofstreetsboro.com)  
(PLEASE PRINT CLEARLY)

Applicants requiring reasonable accommodation with the application and/or interview process, please notify the Human Resources Department at Streetsboro City Hall, 9184 State Route 43, Streetsboro, Ohio 44241, or by phone at (330) 626-4942 x4101.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin.

The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age.

The Americans with Disabilities Act prohibits discrimination on the basis of a disability.

**DO NOT USE "SEE RESUME" IN LIEU OF COMPLETING THIS APPLICATION. RESUME AND COVER LETTER MAY BE INCLUDED.**

The City of Streetsboro may refuse employment consideration if the application is not filled out completely and accurately. Please submit one application per position. Note that this application form will become public record upon submission to the City of Streetsboro. Applications are filed according to specific job openings.

**This application should be completed for current openings only. Non-solicited applications are not accepted.**

**Applicant Information**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
*Last First M.I.*

Address: \_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Phone: \_\_\_\_\_ Email \_\_\_\_\_

Date Available: \_\_\_\_\_ Last 4 of Social Security No.: \_\_\_\_\_ Full Time / Part Time / Seasonal: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Are you a citizen of the United States? YES  NO  If no, are you authorized to work in the U.S.? YES  NO

Were you previously employed by the City of Streetsboro? YES  NO  When and what positions? \_\_\_\_\_

Have you ever been employed by another Government Agency in the State of Ohio? YES  NO  If Yes, When? \_\_\_\_\_ Agency/Job Title: \_\_\_\_\_

Are you over the age of 21? (21 is the minimum age for operating a city vehicle which is not required by all positions) YES  NO

Do you possess a valid Ohio Drivers License? YES  NO  Drivers License Number: \_\_\_\_\_

Have you ever been convicted of a felony? YES  NO

If yes, explain: \_\_\_\_\_

**Military Service**

Were you in the Armed Forces? \_\_\_\_\_ Yes: \_\_\_\_\_ No: \_\_\_\_\_

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

List Duties / Special Training \_\_\_\_\_

I am requesting bonus credit for Military Service. (Must attach DD-214) Yes: \_\_\_\_\_ No: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

If other than honorable, explain: \_\_\_\_\_

**Work Experience**

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your current / previous supervisor for a reference? YES  NO

\_\_\_\_\_

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary: \$ \_\_\_\_\_ Ending Salary: \$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

Company: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Job Title: \_\_\_\_\_ Starting Salary:\$ \_\_\_\_\_ Ending Salary:\$ \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? YES  NO

**Education**

High School / GED: \_\_\_\_\_ Address: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Diploma: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

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

From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree: \_\_\_\_\_

**Certifications, Licenses & Other**

<i>OPOTA</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Date Received:</i> _____
<i>Physical Agility</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Date Received:</i> _____
<i>Emergency Vehicle Driver</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Date Received:</i> _____
<i>Hepatitis Immunization</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Date Received:</i> _____
<i>Hazmat Awareness</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Date Received:</i> _____
<i>Hazmat Operations</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Date Received:</i> _____
<i>PALS</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Date Received:</i> _____
<i>BTLS or PHTLS</i>	YES <input type="checkbox"/>	NO <input type="checkbox"/>	<i>Date Received:</i> _____
<i>Fire Level</i>	1B <input type="checkbox"/>	1C <input type="checkbox"/>	240hr <input type="checkbox"/>
			<i>Date Received:</i> _____

EMT Level

Medic

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

CPR Level

Provider  Instructor

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

First Aide Level

Provider  Instructor

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

ACLS

Provider  Instructor

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

CDL Class 'A'

YES  NO

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

Other:

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**References**

*Please list three professional references.*

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
 Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Address: \_\_\_\_\_

## Applicant Certification and Agreement

### PLEASE READ CAREFULLY BEFORE SIGNING

*The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements or omissions on this application or during the hiring process shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history, criminal background, and financial and credit record (if applicable) through any investigative or credit agencies or bureaus of your choice.*

*In making this application I also understand that information may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.*

*I do hereby understand and agree that:*

- 1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.*
- 2. It is my understanding that the City will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.*
- 3. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job that I am hereafter conditionally offered or, in the future, during my employment with the City.*
- 4. I understand and agree that I will be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post-accident). I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its agents, officers or employees from any claim arising in connection with the use of such test(s).*
- 5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: overtime, shift work, or a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of any employment with the City of Streetsboro*
- 6. I am aware that this application is a "Public Record" and will be handled in accordance with Ohio Public Records Law.*
- 7. I understand that this is an application for employment and that no employment contract is being offered.*

*I certify that my answers are true and complete to the best of my knowledge and I have read and understand the above.*

*If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.*

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

## Voluntary Self Identification Form (Applicant)

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

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

### Voluntary Self-Identification of EEO Status

The Equal Employment Opportunity Commission (EEOC) requires organizations with 100 or more employees to complete an EEO-1 report each year. Completion of this data is voluntary and will not affect your opportunity for employment or terms or conditions of employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources Department. Please return completed forms with your application of employment.

**GENDER:**  **MALE**  **FEMALE**

### **RACE/ETHNICITY:**

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

- Hispanic or Latino**  
A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Not Hispanic or Latino)**  
A person having origins in any of the original peoples of Europe, the Middle East or North Africa.
- 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 Alaska Native (Not Hispanic or Latino)**  
A person having origins in any of the peoples of North and South America (including Central America) and who maintain tribal affiliation or community attachment.
- two or More Races (Not Hispanic or Latino)**  
All persons who identify with more than one of the above five races.