

Filing Information☐ Civil Service Commission

Date: Mo: _____ Day _____ Yr _____

Time: _____ am _____ pm

Rec'd by _____

*Applicant: Do not write in this space***APPLICATION FOR EMPLOYMENT****City of Streetsboro**

9184 State Route 43

Streetsboro, OH 44241

Website: www.cityofstreetsboro.com

(PLEASE PRINT CLEARLY)

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

Name _____ Date _____
Last First Middle InitialPresent Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

E-Mail _____ Social Security No. XXX-XX-_____

Position Applying For ☐ Full Time ☐ Part Time ☐ SeasonalWere you previously employed by the City of Streetsboro? ☐ Yes ☐ No If yes, when and what positions(s)?
_____Are you over the age of 21? ☐ Yes ☐ No

(21 is the minimum age for driving a city vehicle which is not required for all positions)

Do you possess a valid Ohio Drivers License? ☐ Yes ☐ No Drivers License No. _____Are you legally eligible for employment in the United States? ☐ Yes ☐ No**MILITARY SERVICE RECORD**Were you in the Armed Forces? ☐ Yes ☐ No If yes, what branch? _____

Dates of Duty: _____ Rank at Discharge _____

List duties in the service including special training: _____

I am requesting bonus credit for military service. ☐ Yes ☐ No (Attach a copy of DD-214)

If you require accommodation of any kind to complete the application process, please notify the Human Resources Department at Streetsboro City Hall, 9184 State Rt. 43, Streetsboro, OH 44241, (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 disability.

2/2020

WORK EXPERIENCE

Give your employment history below, beginning with the most recent employment and working back.
You may attach additional sheets if required.

1. Dates of Employment: From _____ To _____	
Title or Position	Salary: Beginning Ending
Name & Address of Employer	Immediate Supervisor/Phone Number
Reason for Leaving:	
Description of Duties & Responsibilities	
2. Dates of Employment: From _____ To _____	
Title or Position	Salary: Beginning Ending
Name & Address of Employer	Immediate Supervisor/Phone Number
Reason for Leaving:	
Description of Duties & Responsibilities	
3. Dates of Employment: From _____ To _____	
Title or Position	Salary: Beginning Ending
Name & Address of Employer	Immediate Supervisor/Phone Number
Reason for Leaving:	
Description of Duties & Responsibilities	

May we contact the employers listed above? ☐ Yes ☐ No If not, indicate by number which one(s) you do not wish us to contact. _____

Is your resume included with this application? ☐ Yes ☐ No

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Did You Graduate	List Diploma or Degree
High	_____ _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____ _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____ _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	_____ _____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATIONS, LICENSES & OTHER

What certifications and/or licenses do you currently hold that you feel are relevant to the position for which you are applying?

OPOTA	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received _____
Physical Agility	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received _____
Emergency Vehicle Drivers	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received _____
Hepatitis Immunization	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received _____
Hazmat Awareness	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received _____
Hazmat Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received _____
PALS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received _____
BTLS or PHTLS	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date Received _____
Fire Level	<input type="checkbox"/> 1B <input type="checkbox"/> 1C <input type="checkbox"/> 240hr	Date Received _____
EMT Level	<input type="checkbox"/> Medic	Expiration Date _____
CPR Level	<input type="checkbox"/> Provider <input type="checkbox"/> Instructor	Expiration Date _____
First Aide Level	<input type="checkbox"/> Provider <input type="checkbox"/> Instructor	Expiration Date _____
ACLS	<input type="checkbox"/> Provider <input type="checkbox"/> Instructor	Expiration Date _____
CDL	<input type="checkbox"/> Yes <input type="checkbox"/> No	Expiration Date _____

Other:

APPLICANT STATEMENT

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.

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law. I further understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signed _____ Date _____

Voluntary Self Identification Form (Applicant)

Name: _____ Date: _____

Signature: _____

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 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 original 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.