

FOR OFFICE USE ONLY		
CERTIFIED	POSITION	DEPARTMENT
Date: _____	_____	_____
Date: _____	_____	_____
Date: _____	_____	_____

FOR OFFICE USE ONLY	
Grade & Rank _____	_____
Position _____	Department _____
Rate _____	Date Hired _____

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT PLAINLY)

Civil Service Commission

The disclosure of your Social Security Number is voluntary. If given, it could be used to obtain background information

Date: _____

Name: _____ Social Security No: _____
 Last First Initial Middle Initial

Present Address _____ Telephone No. _____
 No. Street City State Zip

Position applying for _____ Full Time _____ Part Time _____

Name experiences, skills, or qualifications which you feel would especially fit you for this position _____

Were you previously employed by us? _____ If yes, when and what position(s)? _____

Are you over the age of twenty-one? _____ If no, hire is subject to verification that you are of minimum legal age.

Have you ever been convicted of a felony or are you presently under indictment? _____

If yes, describe in full _____

Have you been convicted of a misdemeanor involving theft, dishonesty, or violence in the past ten years? _____

If yes, describe in full _____

Are you able to perform the essential functions of the job you are applying for? _____

If you are asked to demonstrate your ability, are you willing to do so if reasonable accommodations are made? _____

What accommodations, if any, do you believe would be necessary in order to demonstrate your ability? _____

To Applicant: READ THIS INTRODUCTION CAREFULLY BEFORE ANSWERING ANY QUESTIONS IN THIS BLOCKED AREA. **The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.**

Date of Birth (if applicable for position, e.g. police officer, firefighter) _____

Do you possess a valid State of Ohio Driver's License? _____

(If hired, must be insurable under the City of Medina's vehicle insurance plan.)

If yes, what is your Driver's License # _____

CDL Type (if applicable for position, e.g. Motor Equipment Operator) _____

Employer may list other bona fide occupational questions on lines below:

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle No. of Years Attended	Did you Graduate	List Diploma of Degree
High			1 2 3 4	Yes No	
College or Trade			1 2 3 4	Yes No	
College or Graduate			1 2 3 4	Yes No	

MILITARY SERVICE RECORD

Were you in U.S. Armed Forces? Yes _____ No _____ If yes, what Branch? _____

Dates of Duty: From _____ To _____ Rank at discharge _____

List Duties in the service including special training _____

Note; Certificate of honorable discharge, or a certified copy thereof, must be presented for verification in order to receive extra credit therefor in examination.

Date Verified _____

Signature and Title

List below all present and past employment, beginning with your most recent

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

Name and Address of Company and Type of Business	From		To		Describe in detail the work you did	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
	Mo.	Yr.	Mo.	Yr.					

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	Mo.	Yr.	Mo.	Yr.					

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements on this application shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history and financial and credit record 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. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.

I understand that if I am hired for a position that involves driving Medina City vehicles I must possess and maintain a valid State of Ohio driver's license and remain insurable under the City of Medina's vehicle insurance plan, and will be subject to spot checks regarding same.

Signature of Applicant

THIS PORTION OF THE APPLICATION IS TO BE COMPLETED ONLY AFTER BEING OFFERED EMPLOYMENT

Fill in all applicable spaces whether or not the information has been given in another section of this form.

Social Security No. _____ Date of Birth _____

Sex: M _____ F _____ Height _____ ft _____ in. weight _____ lbs.

Marital Status: Single _____ Engaged _____ Married _____ Separated _____ Divorced _____ Widowed _____

Date of Marriage _____ Maiden Name (if applicable) _____

Number of dependents including yourself _____ Are you a citizen of the U.S.A.? _____

Person to Contact In Case Of Emergency _____

Name Relationship Telephone

How long have you lived at present address? _____

Previous Address _____ How long there? _____

No. Street City State Zip

Indicate dates you attended school:

High School _____ College _____
From To From To

Other (Specify type of school) _____
From To

Have you ever been bonded? _____ If yes on what jobs? _____

For Retirement Purposes:

Full name and Birth Date of Spouses & Children:

Full name and birth date of parents

Mother Father

Social Security Number of Spouse _____

Date, if ever, first employed in any other public employment of Ohio. _____