

| 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: _____

Email Address: _____

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. | | | | | |
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|--|------|-----|-----|-----|-------------------------------------|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | | |
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|--|------|-----|-----|-----|-------------------------------------|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | | |
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|--|------|-----|-----|-----|-------------------------------------|------------------------|--------------------|--------------------|--------------------|
| | Mo. | Yr. | Mo. | Yr. | | | | | |
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| | Mo. | Yr. | Mo. | Yr. | | | | | |
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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