

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.					

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.					

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.					

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

MEDINA POLICE DEPARTMENT
Entry-Level Physical Fitness Assessment
Waiver and Release

PLEASE NOTE THE FOLLOWING BEFORE EXECUTING THE WAIVER AND RELEASE BELOW: Any candidate for the position of Patrol Officer with the City of Medina Police Department is advised to use a manageable pace throughout all phases of the physical fitness testing process. Each candidate is required to consult with his/her physician regarding the content of the testing and the effect that such testing could have on the candidate's current health and any illnesses or other medical conditions that could affect the candidate's full participation in the testing process. Every candidate is required to inform the Civil Service secretary of any such conditions or illness at least five days before testing is scheduled.

I, _____, acknowledge that, by executing this waiver and release that I have read and abided by the direction of the statement printed above; and that I have been made aware of three fitness tests that I will be required to complete.

I further acknowledge that I have discussed the testing exercises with my personal physician; and that I am therefore physically capable of participating in the testing.

I agree to be fully responsible for any and all costs, damages, and expenses that I might incur as the result of any injury, condition, or illness that might result from my having participated in the Entry-Level Physical Fitness Assessment for the City of Medina Police Department.

By signing this waiver and release, I agree to hold harmless the City of Medina, it's Civil Service Commission, the Medina Police Department, Montville Township Police Department, and any of the city's employees from any and all claims of liability for any injury, condition, or illness which might result from my participation in the physical fitness assessment, which is part of the selection process for the position of Police Officer with the Medina Police Department.

PD Applicant

Date

Witness

Date

Witness Name, printed

