

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

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

## APPLICATION FOR EMPLOYMENT

(Please Print or Type)

### MEDINA CIVIL SERVICE COMMISSION

Be sure to complete the entire application. Once submitted, employment applications are subject to all applicable public record laws.

Last Name	_____	First	_____	M.I.	_____	Date	_____
Street Address	_____				Apartment/Unit #	_____	
City	_____		State	_____	ZIP	_____	
Phone	_____		E-mail Address	_____			
Date Available	_____		Social Security No.	_____		Disclosure of your social security number is voluntary. If given, it could be used to obtain background information	
<b>Position</b> Applied for	_____						
	Full-Time _____ Part-time _____ Seasonal _____						
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Are you over the age of twenty-one?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, hire subject to verification that you are of minimum legal age				
Were you previously employed by us?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when & what position?				
Have you ever been convicted of a felony or presently under indictment?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Have you been convicted of a misdemeanor involving theft, dishonesty, or violence in the past ten years	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
Are you able to perform the essential functions of the job you are applying for?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
If you are asked to demonstrate your ability, are you willing to do so if reasonable accommodations are made?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	All reasonable requests for ADA assistance during the testing process must be submitted in writing with your application.				

**Applicants for employment are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. It is our policy to provide equal employment opportunity in all aspects of employment without discrimination based on age, race, creed, color, national origin, gender (including pregnancy), sexual orientation, disability, marital status, Vietnam Era Veteran status, genetic predisposition, or carrier status.**

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

Do you possess a valid State of Ohio Driver's License? \_\_\_\_\_ If yes, what is your Driver's License # \_\_\_\_\_

Commercial Driver's License (CDL) Type & Endorsements (if applicable for position, e.g. Motor Equipment Operator) \_\_\_\_\_

**EDUCATION**

High School				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

**REFERENCES**

*Please list three professional references.*

Full Name			Relationship		
Address			Phone		
Full Name			Relationship		
Address			Phone		
Full Name			Relationship		
Address			Phone		

**PREVIOUS EMPLOYMENT (THIS SECTION MUST BE FULLY COMPLETED, EVEN IF ATTACHING A RÉSUMÉ)**

Please list below all work-related experience, starting with the most recent employment and working backwards

Current or Most Recent Employer			Phone		
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			
Employer			Phone		
Address			Supervisor		
Job Title	Starting Salary	\$	Ending Salary	\$	
Responsibilities					
From	To	Reason for Leaving			

Employer		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact all your current supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
May we contact your previous supervisors for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
<b>MILITARY SERVICE</b>			
Branch		From	To
Rank at Discharge		Type of Discharge	
List duties in the service including special training			

*NOTE: certification of honorable discharge, or a certified copy, must be presented for verification in order to receive extra credit on exam*

Date Verified: \_\_\_\_\_ By Signature & Title: \_\_\_\_\_

LIST OTHER SKILLS AND QUALIFICATIONS NOT NOTED THAT ARE PERTINENT TO THIS POSITION FOR WHICH YOU HAVE APPLIED:

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**APPLICANT STATEMENT AND SIGNATURE**

- 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. I understand, also, that I am required to abide by all rules and regulations of the Medina City or Medina City Schools.
- I expressly authorize, without reservation, 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 or Medina City School vehicles, I must possess and maintain a valid State of Ohio driver's license and remain insurable under the City or Schools vehicle insurance plan, and will be subject to spot checks regarding same.
- I understand that the City of Medina or Medina City Schools may require me to successfully complete and pass a pre-employment drug screen and/or alcohol test as a condition of employment and that continued employment may be based on the successful completion and passage of similar tests.
- If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate any employment at any time, with or without cause and without prior notice except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration.
- Once this employment application is submitted, I understand that it becomes a public record along with all test scores and results.

**DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT**

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

\*The parties acknowledge and agree that this application may be executed by electronic signature, which shall be considered as an original signature for all purposes and shall have the same force and effect as an original signature. Without limitation, "electronic signature" shall include faxed versions of an original signature or electronically scanned and transmitted versions (e.g., via pdf) of an original signature.

Signature

Date

