

CITY OF MEDINA EMPLOYMENT APPLICATION

FOR OFFICE USE ONLY



All employees must pass a drug screen prior to employment

Grade & Rank _____
 Position _____ Dept. _____
 Rate _____ Hired _____ Date of Birth _____

Date: _____

Name: _____ Social Security Number: _____ - _____ - _____
 Last First Middle Initial *The disclosure of your Social Security Number is voluntary*

Present Address: _____ City: _____ State: _____ Zip Code: _____

Telephone: (_____) _____ Cell Phone: (_____) _____ Email: _____

Please list the job positions you would like to be considered for: part-time seasonal (check one)

1. _____ 2. _____

What relevant experiences or certifications have you had in regard to the above job positions:

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 &		
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 is 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	

EMPLOYMENT HISTORY:

Please submit a resume if available or complete the following section. Please list the most important experience first.

		From		To		Describe type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer?
Company		Mo	Yr	Mo	Yr						
Name											
Address											
City, State, Zip											
Phone											
		From		To		Describe type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer?
Company		Mo	Yr	Mo	Yr						
Name											
Address											
City, State, Zip											
Phone											
		From		To		Describe type of work performed	Weekly Starting Salary	Weekly Ending Salary	Reason for Leaving	Name of Supervisor	May we contact this employer?
Company		Mo	Yr	Mo	Yr						
Name											
Address											
City, State, Zip											
Phone											

EMPLOYMENT AVAILABILITY: Please put an "X" in the time table in which you ARE NOT available to work.

	5a	6a	7a	8a	9a	10a	11a	12p	1p	2p	3p	4p	5p	6p	7p	8p	9p	10p	11p
Monday																			
Tuesday																			
Wednesday																			
Thursday																			
Friday																			
Saturday																			
Sunday																			

Please list any other scheduling conflicts or considerations:

APPLICANT STATEMENT AND SIGNATURE	
<ul style="list-style-type: none"> 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. <p style="text-align: center;">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.</p>	
Signature	Date