

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		
Position 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 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

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"/>			
MILITARY SERVICE			
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:

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.

Signature

Date

CIVIL SERVICE COMMISSION

CITY OF MEDINA, OHIO

PRE-EMPLOYMENT STATEMENT

I consent to taking physical examinations as may be required by the City of Medina.

I agree to participate in screening for substance abuse at a City-designated site and recognize that, if tests show the presence of illegal drugs, I will no longer be considered for employment with the City of Medina.

I understand that I could be responsible to cover the cost to have a background check completed through the Ohio Bureau of Criminal Identification & Investigation by means of fingerprinting if offered employment with the City of Medina.

I am aware that results of any physical examinations, drug screens or background checks will be released to the City of Medina.

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.

PRINT NAME: _____

SIGNATURE: _____ DATE: _____

REQUEST FOR DRIVER INFORMATION

PRINT OR TYPE ALL INFORMATION LEGIBLY

This documentation must be fully completed to obtain a Driver Motor Vehicle Report ("MVR").

DRIVER INFORMATION

NAME: LAST FIRST INITIAL

ADDRESS

CITY STATE ZIP CODE

Drivers License Information

LICENSE NUMBER

STATE

DATE OF BIRTH

MONTH

DAY

YEAR

SOCIAL SECURITY
NUMBER

DRIVER RELEASE

This authorization is being requested with regard to a Motor Vehicle Report and this information will be used to determine your qualifications for property and/or liability insurance while operating a motor vehicle and conducting official business for your current or prospective employer ("Employer").

PLEASE READ AND SIGN THE FOLLOWING:

I authorize USI Insurance Services LLC to obtain and review a Motor Vehicle Report regarding my driving and driver's license history. I authorize any parties contacted to release information to USI Insurance Services LLC., regarding my previous driving record, licenses, certifications, and history and any other related information. I release all persons and entities from liability for damages that may arise from the release of this information. I waive all provisions of law prohibiting the disclosure of this information. I understand that USI Insurance Services LLC cannot guarantee the accuracy of any information reported to it by third parties. I release USI Insurance Services LLC and its agents from liability for damages that arise from errors or omissions in this authorized inquiry of my driving and driver's license history.

PRINTED NAME OF DRIVER

SIGNATURE OF DRIVER

DATE

Ordered By:

Company Name: City of Medina, Ohio

Requested By: _____

Phone: _____

FAX: _____

To: Alicia Haber

USI Insurance Services LLC

Fax# 866-972-6309

Email: Alicia.Haber@usi.com

☐ ACCEPT ☐ DECLINED

PLEASE COMPLETE THE

EMPLOYEE

AVAILABILITY SHEET

AS COMPLETELY AS POSSIBLE.

IT IS USED IN SCHEDULING.



EMPLOYEE AVAILABILITY SHEET

This form will be utilized to schedule employee work shifts. Updated information should be submitted to your immediate Supervisor. Employees are hired based on availability; therefore if an employee's availability changes the number of hours scheduled may be increased or decreased

Did you previously work as a seasonal employee for the City of Medina? Yes ☐ No ☐

Date: ____/____/____

EMPLOYEE INFORMATION:

Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Phone: (____) _____

Area of Employment

☐ Parks

☐ Cemetery

Job Position: _____

Start Date: ____/____/____ End Date: ____/____/____

Desired Amount of Hours a Week: _____

Please keep in mind that normal working hours are Monday – Friday, 7:00 am – 3:30 pm. Weekend hours will also be available occasionally.

SCHEDULING AVAILABILITY

Please place an "X" in the times you cannot work on a consistent basis. Consider travel time, meetings, and other consistent commitments you may have. Please be thorough.

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

Request Off Specific Dates and Times (in addition to what is noted above):
