

Filing Information

Civil Service Commission

Date: Mo: _____ Day _____ Yr _____

Time: _____ am _____ pm

Rec'd by _____

Applicant: Do not write in this space



APPLICATION FOR EMPLOYMENT

City of Ravenna
210 Park Way P.O. Box 1215
Ravenna, OH 44266
(PLEASE PRINT CLEARLY)

This application should be completed for current openings only. Non-solicited applications are not accepted.

Name _____ Date _____
Last First Middle Initial

Present Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

E-Mail _____ Social Security No. _____

_____ Full Time Part Time Seasonal
Position Applying For

How did you become aware of this position? Web site Newspaper Friend _____

Were you previously employed by the City of Ravenna? Yes No If yes, when and what positions(s)?

Are you over the age of 18? Yes No Are you over the age of 21? Yes No
(21 is the minimum age for driving a city vehicle which is not required for all positions)

Do you possess a valid Ohio Drivers License? Yes No Drivers License No. _____

Are you legally eligible for employment in the United States? Yes No

MILITARY SERVICE RECORD

Were you in the Armed Forces? Yes No If yes, what branch? _____

Dates of Duty: _____ Rank at Discharge _____

I am requesting bonus credit for military service. Yes No (Attach a copy of DD-214)

If you require accommodation of any kind to complete the application process, please notify the Human Resources at Ravenna City Hall, 210 Park Way, P.O. Box 1215, Ravenna OH 44266, (330) 296-3864.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act prohibits discrimination on the basis of disability.

WORK EXPERIENCE

Give your employment history below, beginning with the most recent employment and working back. You may attach additional sheets if required.

1. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		
2. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		
3. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		

May we contact the employers listed above? Yes No If not, indicate by number which one(s) you do not wish us to contact. _____

Is your resume included with this application? Yes No

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Did You Graduate	List Diploma or Degree
High	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

CERTIFICATIONS, LICENSES & OTHER

What certifications and/or licenses do you currently hold that you feel are relevant to the position for which you are applying?

- OPOTA Yes No Date Received _____
- Physical Agility Yes No Date Received _____
- Emergency Vehicle Drivers Yes No Date Received _____
- Hepatitis Immunization Yes No Date Received _____
- Hazmat Awareness Yes No Date Received _____
- Hazmat Operations Yes No Date Received _____
- PALS Yes No Date Received _____
- BTLS or PHTLS Yes No Date Received _____
- Fire Level 1B 1C 240hr Date Received _____
- EMT Level Medic Expiration Date _____
- CPR Level Provider Instructor Expiration Date _____
- First Aide Level Provider Instructor Expiration Date _____
- ACLS Provider Instructor Expiration Date _____
- CDL A or B Yes No Expiration Date _____

Other: _____

APPLICANT STATEMENT

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements or omissions on this application or during the hiring process shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history, criminal background, and financial and credit record (if applicable) 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. This includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.

I do hereby understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.
2. It is my understanding that the City will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job that I am hereafter conditionally offered or, in the future, during my employment with the City.
4. I understand and agree that I will be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post accident) I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its agents, officers or employees from any claim arising in connection with the use of such test(s).
5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: overtime, shift work, or a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of any employment with the City of Ravenna.

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law. I further understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signed _____ Date _____