



CITY OF NORTH RIDGEVILLE
APPLICATION FOR EMPLOYMENT
7307 AVON BELDEN ROAD, NORTH RIDGEVILLE, OHIO 44039

ANSWER ALL QUESTIONS ON THIS APPLICATION, DO NOT WRITE "SEE RESUME"

EQUAL EMPLOYMENT POLICY

The City of North Ridgeville provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MAIDEN/ALIAS	MIDDLE INITIAL
HOME ADDRESS	CITY	STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	EMAIL ADDRESS	
DO YOU HAVE A WORK PERMIT (IF UNDER 18 YEARS OF AGE)? Yes <input type="checkbox"/> No <input type="checkbox"/>	DO YOU HAVE A VALID DRIVER'S LICENSE? Yes <input type="checkbox"/> No <input type="checkbox"/> DRIVER'S LICENSE NUMBER		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>	HAVE YOU APPLIED FOR ANOTHER POSITION WITH THE CITY WITHIN THE LAST YEAR? Yes <input type="checkbox"/> No <input type="checkbox"/> WHAT POSITION?		
DO ANY OF YOUR RELATIVES WORK FOR THE CITY? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, WHO? LIST NAME(S), DEPARTMENT, AND RELATION			

POSITION(S) APPLIED FOR

DEPARTMENT:	POSITION TITLE:
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EDUCATION, CERTIFICATIONS AND LICENSES

NAME OF SCHOOL AND LOCATION	SELECT LAST YEAR COMPLETED	TYPE OF DEGREE OR DIPLOMA	MAJOR AREA OF STUDY
HIGH SCHOOL	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
COLLEGE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
COLLEGE	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
U.S. MILITARY			
CERTIFICATIONS/LICENSES			

EMPLOYMENT HISTORY

PRESENT EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES

Give name and telephone number of three professional references who are not related to you.

Name	Relationship	Phone number

ADDITIONAL INFORMATION

List skills, interests, languages spoken or read, licenses, certifications, gaps in employment, etc., you feel is important for the position in which you are applying.

I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISQUALIFICATION OR DISMISSAL UPON DISCOVERY THEREOF. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, AND GOVERNMENT AGENCIES TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY BACKGROUND, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITIES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME TO YOU. I UNDERSTAND THAT I MAY BE REQUIRED TO UNDERGO MEDICAL EXAMINATIONS BEFORE BEGINNING WORK TO DETERMINE MY ABILITY TO PERFORM THE DUTIES OF THE POSITION APPLIED FOR AND FAILURE TO UNDERGO SUCH MEDICAL EXAMINATIONS SHALL BE GROUNDS FOR DISQUALIFICATION.

IN CONSIDERATION OF MY EMPLOYMENT, I AGREE TO ABIDE BY THE CITY OF NORTH RIDGEVILLE'S ORDINANCES, POLICIES, PROCEDURES, RULES, AND REGULATIONS. I UNDERSTAND THAT MY EMPLOYMENT AND COMPENSATION CAN BE TERMINATED WITH OR WITHOUT CAUSE AND WITH OR WITHOUT PRIOR NOTICE, AT ANY TIME, AT THE OPTION OF EITHER THE CITY OR MYSELF. I UNDERSTAND THAT NO MANAGER OR SUPERVISOR OTHER THAN THE MAYOR HAS ANY AUTHORITY TO EMPLOY PERSONS ON BEHALF OF THE CITY, BUT NOT CONTRARY TO THE FOREGOING.

Signature of applicant

Date

Outside applicants for employment may be required to submit to fingerprinting for a background check. The following types of employee background checks may be performed: prior employment verification; personal and professional references; educational verification; BCI (Ohio Bureau of Criminal Investigation); and motor vehicle. Full drug screen/ breath alcohol testing is also required for employment.