



APPLICATION FOR EMPLOYMENT

City of Twinsburg, 10075 Ravenna Road, Twinsburg, OH 44087

Website: www.mytwinsburg.com

This application should be completed for current openings only. Non-solicited applications are not accepted. If you require accommodation of any kind to complete the application process, please notify the Human Resources Director at (330) 425-7161.

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. The City of Twinsburg is an Equal Opportunity Employer.

Name _____
Last First Middle Initial Today's Date

Present Address _____
Street City St. Zip

Best Phone to reach you _____ Email Address _____

Last Former Address _____
Street City St. Zip

Former Name(S) _____

Were you previously employed by the City of Twinsburg? Yes No If yes, when, and in which positions(s)? _____

Are you over the age of 18? Yes No (if not, you will need a **work permit** to work for the City)

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)

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

Have you been convicted of a crime in the past ten (10) years? Yes No If yes, please explain: _____

MILITARY SERVICE RECORD

Are you a military Veteran? Yes No If yes, what branch? _____

Job relevant training received: _____

WORK EXPERIENCE

List your employment history below **beginning with your current or most recent employment.**

1. Dates of Employment: From _____ To _____

_____	Salary: _____	_____
Title or Position	Beginning	Ending
_____	_____	
Name & Address of Employer	Immediate Supervisor/Phone Number	
_____	_____	
URL of Employer	Reason for Leaving	

Description of Duties & Responsibilities		

2. Dates of Employment: From _____ To _____

_____	Salary: _____	_____
Title or Position	Beginning	Ending
_____	_____	
Name & Address of Employer	Immediate Supervisor/Phone Number	
_____	_____	
URL of Employer	Reason for Leaving	

Description of Duties & Responsibilities		

3. Dates of Employment: From _____ To _____

_____	Salary: _____	_____
Title or Position	Beginning	Ending
_____	_____	
Name & Address of Employer	Immediate Supervisor/Phone Number	
_____	_____	
URL of Employer	Reason for Leaving	

Description of Duties & Responsibilities		

4. Dates of Employment: From _____ To _____

_____	Salary: _____	_____
Title or Position	Beginning	Ending
_____	_____	
Name & Address of Employer	Immediate Supervisor/Phone Number	
_____	_____	
URL of Employer	Reason for Leaving	

Description of Duties & Responsibilities		

RECORD OF EDUCATION

School	Name/City/State School	Course of Study	Years Completed	Did You Graduate?	List Diploma or Degree
High School			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/licenses do you currently hold that you feel are relevant to the position for which you are applying?

Certification/License(s) (check all that apply)

Expiration Date & Card No. (if applicable)

- ServSafe® certification
 CPR provider CPR Instructor
 ACLS Provider ACLS Instructor
 First Aid Provider First Aid Instructor
 Water Safety Instructor (WSI)
 Lifeguard Instructor (LGI)
 Lifeguard Training Certification
 CDL License Type: _____

Other Licenses/Certifications:

REFERENCES

Please list three professional references (no relatives please)

1. Name: _____ Title: _____

Company _____ Phone: _____ Yrs acquainted: _____

2. Name: _____ Title: _____

Company _____ Phone: _____ Yrs acquainted: _____

3. Name: _____ Title: _____

Company _____ Phone: _____ Yrs acquainted: _____

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. The City of Twinsburg is hereby authorized to make any investigation of my personal or employment history, education, 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 also 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).

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. By typing in my name below, I confirm my legal consent and agreement with the above which I have read and understand.

Signature _____ Date _____

CONSUMER REPORT AUTHORIZATION

This serves to advise you that in consideration for employment or continued employment with the City of Twinsburg, a consumer report and/or investigative consumer report may be obtained on you from a consumer reporting agency. This process may include but not be limited to verification of education; credit history; employment history; criminal history; a review of any local, county, state, and federal government agency records; court public records; driving records (MVR); and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits.

Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing or typing your signature below, you hereby authorize the City of Twinsburg to obtain a consumer report and/or investigative consumer report. You further authorize without reservation any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment to the full extent permitted by law. By submitting this form with your name typed below, you are giving your full legal consent to the above. If submitting a fax or scanned photocopy of this authorization with your handwritten signature, it shall be accepted with the same authority as an original signature.

Signature _____ Date _____