



EMPLOYMENT APPLICATION

POSITION APPLYING FOR:

The City of Stow is an Equal Opportunity Employer, and maintains a policy of Equal Employment Opportunity for all employees and applicants. The City of Stow does not discriminate in employment or the provision of services on the basis of race, color, religion, gender (sex), national origin and ancestry, age, disability, sex (wages), military status, genetic information, pregnancy, or any other characteristic protected by federal or state law.

The information provided in this application will be used to determine your suitability to continue in the hiring process with the City of Stow. Please submit one application per position to the address indicated on the job posting or examination announcement. If you need additional space to provide complete information, attach a letter-sized sheet (8-1/2" x 11") to this application, which should include in the caption the position you are applying for and your name. This application will be considered only if it is submitted in response to a current job opening. If you wish to be considered for future job openings with the City of Stow, you must fill out another job application in response to that specific job opening. Copies are acceptable. Applications lacking sufficient information will not be processed. Please be sure to complete the entire application and ensure your application is received by the closing date. Also note that, once submitted, this completed form will be subject to all applicable public records laws. If you are selected to continue in the hiring process, you will be required to complete additional forms and provide additional information, in addition to updating any information provided in this application.

Applicants with disabilities may contact Human Resources via telephone, fax, e-mail, or other means to request and arrange for accommodations. If you need assistance to accommodate a disability, you may request an accommodation at any time. Please contact Human Resources at (330) 689-2805 (phone) or (330) 689-2705 (fax).

All information provided on this application and at any stage of the hiring process must be truthful and complete. Any false statements, material misrepresentations, or deliberate omissions of a fact or facts in this application, or at any stage of the hiring process, shall be considered sufficient cause for refusal to hire AND shall be considered sufficient cause, if employed, for termination from employment.

PLEASE TYPE OR PRINT IN INK

NAME: (Last, First, Middle)		
ADDRESS: (Street, City, State, Zip Code)		
HOME PHONE:	ALTERNATE PHONE:	E-MAIL ADDRESS:
SOCIAL SECURITY NUMBER:		
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U. S.?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
IF UNDER 18 YEARS OF AGE, DO YOU HAVE A CURRENT WORK PERMIT?	Yes <input type="checkbox"/>	No <input type="checkbox"/> N/A <input type="checkbox"/>
ARE YOU WILLING TO WORK ANY SHIFT?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

EMPLOYMENT HISTORY

It is required that you complete all sections of your employment history below, beginning with the most recent employment and working back. If you need additional space to provide complete information, attach a letter-sized sheet (8-½" X 11") to this application, which should include in the caption the position you are applying for and your name.

Do not use "See Resume" as a substitute for completing your employment history.

POSITION TITLE(S):	COMPANY/EMPLOYER:	DATES: From: To:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	SALARY: Starting: Current:	MAY WE CONTACT THIS EMPLOYER: Yes <input type="checkbox"/> No <input type="checkbox"/>
DUTIES:		
REASON FOR LEAVING:		
POSITION TITLE(S):	COMPANY/EMPLOYER:	DATES: From: To:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	SALARY: Starting: Current:	MAY WE CONTACT THIS EMPLOYER: Yes <input type="checkbox"/> No <input type="checkbox"/>
DUTIES:		
REASON FOR LEAVING:		

EMPLOYMENT HISTORY (CONT'D)

POSITION TITLE(S):	COMPANY/EMPLOYER:	DATES: From: To:
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ADDRESS: (Street, City, State, Zip Code)

COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	SALARY: Starting: Current:	MAY WE CONTACT THIS EMPLOYER: Yes <input type="checkbox"/> No <input type="checkbox"/>

DUTIES:

REASON FOR LEAVING:

POSITION TITLE(S):	COMPANY/EMPLOYER:	DATES: From: To:
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ADDRESS: (Street, City, State, Zip Code)

COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	SALARY: Starting: Current:	MAY WE CONTACT THIS EMPLOYER: Yes <input type="checkbox"/> No <input type="checkbox"/>

DUTIES:

REASON FOR LEAVING:

EDUCATION

HIGH SCHOOL NAME:	LOCATION: (City, State)	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>
CIRCLE YEAR COMPLETED: 9 10 11 12		OBTAINED GED? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>
COLLEGE/UNIVERSITY/TRADE TECH NAME:		LOCATION: (City, State)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
COLLEGE/UNIVERSITY/TRADE TECH NAME:		LOCATION: (City, State)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>	MAJOR:
DEGREE RECEIVED:		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:

POSITION RELATED SKILLS

OFFICE SKILLS: _____
 Typing Speed: _____ (wpm)

COMPUTER SKILLS:

OTHER SKILLS:

LANGUAGE(S):
 Spoken: _____
 Written: _____

EXPLAIN YOUR QUALIFICATIONS/EXPERIENCE:

CERTIFICATIONS, LICENSES & OTHER

GENERAL

- State of Ohio Driver's License Expiration Date _____
- Commercial Driver's License
 - CDL A Expiration Date _____
 - Tanker Endorsement
 - CDL B Expiration Date _____
 - Tanker Endorsement
 - CDL P/S (Passenger-Bus) Expiration Date _____
 - High school diploma or GED equivalent

POLICE RELATED

- OPOTC certificate meeting the requirements described in Section 109: 2-1-12(D) of the Ohio Administrative Code Expiration Date _____

FIRE RELATED

- State of Ohio Firefighter Certification
- Firefighter II (240 hour) Expiration Date _____
- State of Ohio EMT-P (Paramedic) Certification Expiration Date _____
- Firefighter Physical Assessment (Agility) Certification [From Cuyahoga Community College (Tri-C), Stark State University, or equivalent] Expiration Date _____

DISPATCH

- LEADS certified operator Expiration Date _____
- Certification as an Emergency Medical Dispatcher (EMD) Expiration Date _____

OTHER (certifications and/or licenses that you currently hold that you feel are relevant to the position for which you are applying, such as Electrical, HVAC, Plumbing, First Aid, FEMA-NIMS ...)

_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____

CANDIDATE CERTIFICATION

I certify that I have read, understand, and agree and attest to each of the following statements:

1. All of the information that I have supplied above in my application are true, accurate, and complete, to the best of my knowledge, and that I have not knowingly withheld any information.
2. I understand that any false statements, material misrepresentations, or deliberate omissions of a fact or facts in this application, or during the hiring process, shall be considered sufficient cause for refusal to hire.
3. I understand that any false statements, material misrepresentations, or deliberate omissions of a fact or facts in this application, or during the hiring process, shall be considered sufficient cause if employed, for my termination from employment.
4. I understand that this application will be considered only if it is submitted in response to a current job opening, and that if I wish to be considered for future job openings with the City, I must fill out another job application and submit it in a timely manner for that(those) specific job opening(s).
5. I understand that the City of Stow 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 of Stow and I release from liability any person giving or receiving any such information.
6. I 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.
7. 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 I am being considered for prior to employment or, in the future, during my employment with the City of Stow.
8. I understand that 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 my continuing employment.
9. I understand that if I am offered employment it will be contingent upon submitting to and passing a post-offer physical examination, which may include drug and alcohol screening, and that if I fail, it will be grounds for the contingent offer being withdrawn.
10. I understand that information received by the City of Stow regarding my application for employment is subject to the State of Ohio Public Records Act.
11. 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.

Signature _____

Date _____



AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____ (print name), hereby certify that all statements made in connection with my application for employment with the City of Stow are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatement or omission of material facts will cause forfeiture on my part of all rights of employment with the City of Stow.

For the purpose of my possible employment, I authorize the City of Stow to make a thorough investigation into my background, which may include financial status, academic record, physical and mental health record, employment record, military service record, neighborhood interviews, criminal record, reputation, and character references.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be in their records, and release said company or person from all liability for any damage whatsoever that may ensue from their furnishing such information to the City of Stow.

I understand that I may be required to submit to the following examinations administered by the City of Stow: physical, interview, polygraph, and a personality assessment.

I understand that information obtained from the background investigation and the above examinations may constitute a basis for denial of my employment.

I understand that any information obtained from the background investigation will be used solely for the purpose for which it is intended, and will not be disseminated outside the City of Stow.

Signature of Applicant

Date

Sworn before me on the _____ day of _____, 20_____.

Notary Public

My Commission Expires _____.

CITY OF STOW

Notice Regarding Background Investigation – Disclosure and Authorization Form

Important: Please read carefully before signing below Acknowledgement

We appreciate your interest in employment with the City of Stow. As part of our normal procedure for processing applications, we will conduct an investigation into your background.

The City of Stow may obtain information about you from a consumer reporting agency for employment purposes. Thus, by this document, we are disclosing to you that you may be the subject of a “consumer report” and/or an “investigative consumer report” which may include information about your character, general reputation, personal characteristics, and/or mode of living and which can involve personal interviews with sources such as your neighbors, friends, or associates. These reports may be obtained at any time after receipt of your authorization – they may be obtained for employment purposes as part of the pre-employment background investigation and, if you are hired, throughout your employment. Please be advised that the nature and scope of the most common form of investigative consumer report obtained with regard to applicants for employment is an investigation into your education and/or employment history. The scope of this Notice and Authorization is all-encompassing; which allows the City of Stow to obtain, from any outside organization, all manner of consumer reports and investigative consumer reports now and, if you are hired, throughout the course of your employment with the City of Stow, to extent permitted by law.

Should an investigative consumer report be requested, you will have the right to demand a complete and accurate disclosure of the nature and scope of the investigation requested and a written summary of your rights under the Fair Credit Reporting Act (enclosed with this Notice).

As a result, you should carefully consider whether to exercise your right to request disclosure of the nature and scope of any investigative consumer report. Please read the following statements and indicate your agreement by signing below.

Acknowledgement and Authorization

I acknowledge receipt of the ***Notice Regarding Background Investigation. I understand that I can request A Summary of Your Rights under the Fair Credit Reporting Act.*** I certify that I have carefully read and understand this Notice.

By my signature below, I consent to the release of “consumer reports” and/or “investigative consumer reports”, to the City of Stow. I also hereby authorize, without reservation, disclosure of and to furnish any and all background information requested by the City of Stow and/or its agents, including a background check vendor, any information concerning my background, including information concerning my employment history, earning history, education, credit history, credit capacity and credit standing, motor vehicle history and standing, criminal history, and all other information the City of Stow deems pertinent, by any individual, corporation or other private or public entity, including without limitation the following: employers; persons; companies; corporations; investigative agencies; business organizations; learning institutions; including schools, colleges and universities (public or private); any law enforcement agencies; federal, state and local courts; federal, state, or local agencies; the military; credit bureaus; information service bureaus; motor vehicle records agencies; insurance companies; and any other applicable sources.

CITY OF STOW

Notice Regarding Background Investigation – Disclosure and Authorization Form

I agree that a facsimile (“fax”) or photographic copy of this Authorization shall be as valid as the original. This **Notice Regarding Background Investigation – Disclosure and Authorization Form**, in original, faxed, photocopied, or electronic form, will be valid for any reports that may be requested by the City of Stow.

I authorize the City of Stow, its personnel, and/or its agents, including a background check vendor, to conduct and interpret interview procedures they believe necessary.

I hereby release and hold the City of Stow, its officers, employees, and/or its agents, including a background check vendor, harmless from any and all liability, responsibility, damages, and claims of any kind whatsoever with respect to the consumer reports, investigative consumer reports, investigations, verifications, and/or use of any information relevant to my employment and/or the interview procedures conducted.

If hired, I understand that this authorization shall remain on file and shall serve as an ongoing authorization for the City of Stow to procure consumer reports or investigative consumer reports at any time during my employment period.

I understand that providing any false information or omitting any material information on my application for employment or in the interview process will be sufficient grounds for rejection of my application, or termination of employment, whenever discovered.

Please sign below to signify receipt of the foregoing Disclosure and Authorization:

Print Name

Signature

Maiden Name or Former Name(s) Used

*Date of Birth -----
Month Date Year

Driver’s License Number

State of Issuance

Social Security Number

Date

****Use of the date of birth is for identification purposes only. The City of Stow is an equal opportunity employer. Prospective employees will receive consideration without discrimination because of race, color, religion, sex, military status, national origin, disability, age, or ancestry of any applicant.***