



City of Olmsted Falls

Celebrating 200 years

26100 Bagley Road • Olmsted Falls, Ohio 44138 • (440) 235-5550 • Fax (440) 235-8900 • www.olmstedfalls.org

EMPLOYMENT APPLICATION

PLEASE PRINT Today's Date: _____

First Name _____ M.I. _____ Last Name _____ Preferred Name/Nickname _____

Street Address _____ Apartment # _____ City _____ State _____ Zip Code _____

Home Phone _____ Alternate/Work Phone _____ E-Mail Address _____

PLEASE PLACE A CHECK BY YOUR RESPONSE OR PROVIDE THE APPROPRIATE INFORMATION

Are you interested in: Full time _____ Part time _____ Temporary _____ Seasonal _____

What schedule would you prefer? Weekdays _____ Weekends _____ Evenings _____ Nights _____

How did you hear about the position? Classified Ad _____ Friend (Name) _____ Internet _____

Desired Pay:
 Hourly Pay (minimum if applicable) _____ Annual Pay (minimum) _____ Annual pay (desired) _____

When are you able to start work? (Date) _____

In what local area do you prefer to work? _____

Position desired: _____

PLEASE CHECK YES OR NO TO THE FOLLOWING:

Are you authorized to work in the United State? Yes _____ No _____

Federal law requires that employers hire only individuals who are authorized to be lawfully employed in the United States. In compliance with these laws, Olmsted Falls will verify the status of every individual offered employment. In this connection, all offers of employment are subject to verification of the applicant's identity and employment authorization, and it will be necessary for you to submit such documents as are required by law to verify your identification and employment authorization.

Are you under 18 years of age? Yes _____ No _____ If yes, can you furnish a work permit? Yes _____ No _____

Are you capable of performing the essential functions of the job for which you are applying with or without a reasonable accommodation? Yes _____ No _____

Olmsted Falls is an equal opportunity employer and does not discriminate against any applicant or employee because of race, color, religion, sex, national origin, disability, age, or military or veteran status in accordance with federal law. In addition, Olmsted Falls complies with applicable state and local laws governing non-discrimination in employment in every jurisdiction in which it maintains facilities. Olmsted Falls also provides reasonable accommodation to qualified individuals with disabilities in accordance with applicable laws.

PLEASE LIST YOUR WORK EXPERIENCE BELOW (MOST RECENT JOB FIRST)

FROM ____/____	COMPANY NAME		YOUR POSITION and TITLE	
	NO & STREET		SUPERVISORS NAME, TITLE and POSITION	
	CITY	STATE	ZIP	SUPERVISORS TELEPHONE NUMBER
TO ____/____	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$
	TELEPHONE NUMBER ()		TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION			

FROM ____/____	COMPANY NAME		YOUR POSITION and TITLE	
	NO & STREET		SUPERVISORS NAME, TITLE and POSITION	
	CITY	STATE	ZIP	SUPERVISORS TELEPHONE NUMBER
TO ____/____	TYPE OF BUSINESS		STARTING PAY \$	FINAL PAY \$
	TELEPHONE NUMBER ()		TERMINATION <input type="checkbox"/> VOLUNTARY <input type="checkbox"/> INVOLUNTARY	REASON
	BRIEFLY DESCRIBE YOUR MAJOR DUTIES AND REASON(S) FOR TERMINATION			

ADDITIONAL INFORMATION:

UNEMPLOYMENT: ACCOUNT FOR ALL PERIODS OF TIME, THREE MONTHS OR MORE, BETWEEN POSITIONS HELD OR AFTER SCHOOL

FROM ____/____	TO ____/____	HOW DID YOU SPEND THIS TIME?
FROM ____/____	TO ____/____	HOW DID YOU SPEND THIS TIME?

EDUCATION:

NAME AND ADDRESS OF SCHOOL	MAJOR SUBJECT	DID YOU GRADUATE?	TYPE OF DEGREE OR DIPLOMA
HIGH SCHOOL OR PREP			
COLLEGE			
COLLEGE OR GRADUATE			
OTHER			

PROFESSIONAL DESIGNATIONS:

DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED
DESIGNATION	ORGANIZATION GRANTING DESIGNATION	DATE COMPLETED

PROFESSIONAL LICENSES:

TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER
TYPE OF LICENSE	STATE GRANTING LICENSE	LICENSE NUMBER

REFERENCES: Please list three professional references

NAME	RELATIONSHIP	COMPANY	PHONE/ALTERNATE PHONE

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY

IN THE LAST SEVEN (7) YEARS, HAVE YOU BEEN CONVICTED OF OR HAVE YOU PLEADED GUILTY TO ANY FELONY OR MISDEMEANOR*? (Please exclude minor traffic offenses and convictions which have been sealed, impounded, erased, expunged, annulled or nolle)

Yes _____ No _____

If yes, please describe:

****PLEASE NOTE: Other factors will be taken into account such as the nature of the offense, the time that has passed since the conviction and the type of job being sought. Further, this information will be used only for job related purposes and only to the extent permitted by applicable law.***

PLEASE READ CAREFULLY BEFORE SIGNING APPLICATION

I have submitted the attached application to Olmsted Falls for the purpose of obtaining employment. I acknowledge that the use of this application, and my filling it out, does not indicate that any positions are open, nor does it obligate Olmsted Falls to further process my application.

My signature below attests to the fact that the information that I have provided on my application, resume, given verbally, or provided in any other materials, is true and complete to the best of my knowledge and also constitutes authority to verify any and all information submitted on this application. I understand that any misrepresentation or omission of any fact in my application, resume, or any other materials, or during any interviews, can be justification for refusal of employment, or, if employed, termination from the Fall's employ.

References: I hereby authorize Olmsted Falls and its agents to make such investigations and inquiries into my employment and educational history and other related matters as may be necessary in arriving at an employment decision. I hereby release employers, schools, and other persons from all liability in responding to inquiries connected with my application and I specifically authorize the release of information by any schools, businesses, individuals, services or other entities listed by me in this application. Furthermore, I authorize company and its agents to release any reference information to clients who request such information for the purposes of evaluating my credentials and qualifications.

PLEASE READ EACH OF THE FOLLOWING PARAGRAPHS CAREFULLY. INDICATE YOUR UNDERSTANDING OF, AND CONSENT TO, THE CONTENTS AND CONDITIONS OF EACH PARAGRAPH BY PLACING YOUR INITIALS AT THE END OF EACH PARAGRAPH. IF YOU HAVE QUESTIONS REGARDING THESE PARAGRAPHS, CONTACT THE EMPLOYER BEFORE INITIALING THE PARAGRAPH

1. I understand and accept that if I am selected for employment my employment will be conditioned upon my passing any medical examination that the employer deems necessary to determine whether I can physically perform the essential functions of the position, with or without reasonable accommodations when necessary. I understand and accept that this may include pre-employment drug, alcohol or substance abuse testing for those positions deemed safety sensitive. I understand and accept that if I am selected for employment I will be subject to random drug testing throughout my employment.

INITIALS _____

2. I was given the opportunity to review the position description for any position for which I am making application. After reviewing the essential functions, I am able to physically perform the essential functions of the position, without or with reasonable accommodation when necessary.

INITIALS _____

3. If employed, I understand and accept that, depending on the department in which I am applying for employment, I may be required to work evening shifts or night shifts, including weekends and be on call and work mandatory overtime hours. **Based on the position applied for, I understand that I may be required to work extended time periods, including up to 16 consecutive hours within a 24 hour period.**

INITIALS _____

4. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS _____

5. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. Therefore, I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

INITIALS _____

6. I hereby authorize the employers, schools and personal references named in this application, to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

INITIALS _____

7. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

INITIALS _____

****READ CAREFULLY BEFORE SIGNING****

I AFFIRM THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED, MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE OR ALCOHOL ABUSE.

FINALLY, I AGREE THAT SHOULD I BE EMPLOYED, IN CONSIDERATION OF SUCH ACTION, ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE CITY OF OLMSTED FALLS MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTES OF LIMITATIONS TO THE CONTRARY.

APPLICANT SIGNATURE

DATE