

City of Middleburg Heights Civil Service Commission

Employment Application

Applicant Information

Full Name: _____
Last First M.I. Social Security No.

Address: _____
Street Address Apartment/Unit #

_____ *City State ZIP Code*

Phone: _____ Email _____

Position applying for: _____

Do you currently hold a valid driver's license? _____ **(Attach copy of DL)**

Restrictions: _____

Are you employed now? _____ If yes, may we contact your present employer? _____

Are you authorized to work in the U.S.? _____

Have you filed an application here before? _____ If yes, when? _____

Have you ever been employed here? _____ If yes, when? _____

Education

High School: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Studies: _____
Attach copy of High School Diploma or Transcript

College: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____
Attach copy of College Transcript

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? _____ Degree: _____

References

Please list three professional references. Do not include employers or relatives.

Full Name: _____ Occupation: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Occupation: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Occupation: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ Reason for Leaving: _____
May we contact your previous supervisor for a reference? _____

List professional, trade, business or civic activities and offices held. Do not include those activities that would tell us your race, sex, religion, national origin or protected status.

Organization: _____
Offices Held: _____

Organization: _____
Offices Held: _____

List special accomplishments, publications and awards:

List any additional information you would like us to consider:

List special skills and qualifications acquired from employment or other experience

Military Service

Branch: _____ From: _____ To: _____

(Attach copy of DD214)

Discharge Date: _____ Rank at Discharge: _____

If other than honorable, explain: _____

Nature of Duties: _____

Priority – Preference

Civil Service Rule VI Sec. 3 PRIORITY – PREFERENCE

In the event two or more applicants receive the same mark in an entry-level examination, the order in which their names shall be placed on the eligible list shall be determined in accordance with the following priorities listed in descending order: 1) Veteran or active military over non-veteran, 2) priority in time of filing the application, applicable to locally administered tests or 3) earliest time recorded for the completion of a written examination, applicable to nationally administered test, 4) by lottery, coin flip or such other random method as determined by the Commission.

I have read the above rule and I am aware of the procedure the Civil Service Commission will use in the event of a tie to determine the order names shall be place on the eligibility list.

Signature: _____ Date: _____

Certification and Agreement

I certify that all information contained in this application is true and correct. I understand and agree that any misrepresentations by me in this application will be sufficient cause for cancellation of this application and/or separation from the employer's service if I have been employed. I give the employer the right to investigate all references and to secure additional information about me if job related. I hereby release from liability the employer and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

The employer is an equal opportunity employer. No question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature: _____ Date: _____

PLEASE DO NOT MARK IN THIS AREA FOR CIVIL SERVICE USE ONLY:

Date Received: _____	POLICE _____	FIRE _____
Ohio DL _____	College Transcript _____	Firefighter 1 & 2 _____
HS Diploma/GED _____	OPOTA Certificate _____	Paramedic _____
DD214 _____	Physical Agility Cert. _____	Physical Agility Cert. _____