



**CITY OF MAPLE HEIGHTS
DEPARTMENT OF LAW/HUMAN RESOURCES**

5353 Lee Road – Maple Heights, Ohio 44137
Phone: (216) 587-9008 – Fax: (216) 662-7556
E-mail: law@mapleheightsohio.com

APPLICATION FOR EMPLOYMENT

Your application is the first step in the process of obtaining employment with the City of Maple Heights. **Please read all instructions carefully and complete all sections to the best of your knowledge. Falsification or Omission of information may result in rejection of the application or dismissal if you are employed by the City of Maple Heights.**

Please **PRINT** in **BLACK** ink or use a typewriter. Pencil is not acceptable. If an item does not apply to you, write in the letters "NA" or "Not Applicable". A resume may be attached to supplement this application; however, you **must** complete all information requested on the application. **Applications remain on file for a period of one (1) year from the date of completion.**

Date: _____ Social Security #: _____

Name: _____
Last First Middle

Present Permanent Address: _____
Street Apt.# City State Zip

(____) _____ (____) _____ (____) _____
Home Phone Work Phone Alternate Phone Email
May we contact you at work? [] Yes [] No

Driver's License No.: _____ State _____ Valid? [] Yes [] No
(Only for positions requiring driving) [] Operator [] CDL/Class

Have you ever been employed anywhere under any other name(s)? [] Yes [] No

If yes, please list name(s) _____

Position(s) applied for: 1. _____ 2. _____
If available, list Req # If available, list Req #

Minimum Acceptable Rate/Salary: _____ Date Available: _____

Check all that are applicable

Availability: [] Full-time [] Part-time [] Temporary [] Seasonal [] 1st Shift [] 2nd Shift [] 3rd Shift

How did you hear about this position?

- Employee Referral
 - Internet
 - Job Posting
 - Newspaper
 - Walk In
 - Other _____
- If employee Referral, employee name** _____

PERSONAL DATA

1. Have you ever been employed by the City of Maple Heights prior to this application? [] Yes [] No **If yes,**
Under what name? _____ Position held? _____ Dates? _____
From – To

2. Does the City of Maple Heights employ any relative (by blood/marriage) or cohabitant of yours? [] Yes [] No

If yes, Name _____ Relationship _____

Department where they work _____

3. Other than a minor offense, have you ever been convicted of a misdemeanor? [] Yes [] No
If yes, Offense: _____ Date: _____
4. Are you legally eligible for employment in the United States? [] Yes [] No
5. Are you at least 18 years of age? [] Yes [] No

REFERENCES

List two references that have knowledge of your work history, character and experience. Do not list relatives, friends, or personal references.

1. Name: _____ Employer's Name: _____
 Business Relationship: _____ Years known _____
 Phone # _____
2. Name: _____ Employer's Name: _____
 Business Relationship: _____ Years known _____
 Phone # _____

EDUCATION

Depending on the position sought, you may be required to provide a copy of your high school or college transcript/degree and/or professional registration. Give dates of attendance, type of degree, and major/minor. Be sure to answer "HAVE YOU GRADUATED?" List all technical and/or trade courses or programs you have completed.

Please check highest level of education:

- | | |
|--|--|
| <input type="checkbox"/> Some High School
<input type="checkbox"/> High School Graduate or GED
<input type="checkbox"/> Some College
<input type="checkbox"/> AA or AS Degree | <input type="checkbox"/> Bachelor's Degree
<input type="checkbox"/> Master's Degree
<input type="checkbox"/> Doctorate Degree
<input type="checkbox"/> Other Training |
|--|--|

Name/City/State	Dates Attended		Have you Graduated? Yes/No	Type of Degree	List Major/Minor
	From Mo/Yr	To Mo/Yr			
High School					
College/University					
Graduate Studies					
Technical/Vocational/Other					

List any other applicable courses, seminars, workshops that relate to the position(s) you are applying for__

List any certificates, competency cards, or trade licenses related to the position(s) you are applying for: _

List any other skills/experience that relates to the position(s) you are applying for:

PREVIOUS EMPLOYMENT

Please give complete name and address of all employers including military employment. Dates of employment, salary history, name and phone number of immediate supervisor must be included. **A resume may be attached as a supplement, however, you must complete all information requested on the application.**

Begin with your current or most recent employer and list all previous employers in chronological order. Also, account for all periods of unemployment.

May the City contact your current employer? [] Yes [] No

EMPLOYER # 1	<i>Please Print</i>	Dates of Employment From To		
Hrs/Week:[] Full-Time <input type="checkbox"/> Temp <input type="checkbox"/>	P/T <input type="checkbox"/> Volunteer <input type="checkbox"/>	Mo/Yr	Mo/Yr	
Employer Name:				
Address:		City:	State:	Zip: Phone#:
Job Title:		Supervisor (Name & Title):		
Reason for Leaving:				
Description of Duties:				
		Starting:	Rate/Salary	Ending:

EMPLOYER # 2	<i>Please Print</i>	Dates of Employment From To		
Hrs/Week:[] Full-Time <input type="checkbox"/> Temp <input type="checkbox"/>	P/T <input type="checkbox"/> Volunteer <input type="checkbox"/>	Mo/Yr	Mo/Yr	
Employer Name:				
Address:		City:	State:	Zip: Phone#:
Job Title:		Supervisor (Name & Title):		
Reason for Leaving:				
Description of Duties:				
		Starting:	Rate/Salary	Ending:

EMPLOYER #3	Please Print		Dates of Employment		
Hrs/Week:[] Full-Time <input type="checkbox"/>	P/T <input type="checkbox"/>	From	To		
Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>	Mo/Yr	Mo/Yr		
Employer Name:					
Address:		City:	State:	Zip:	Phone#:
Job Title:		Supervisor (Name & Title):			
Reason for Leaving:					
Description of Duties:					
			Rate/Salary		
			Starting:	Ending:	

Can you perform the essential functions of the position(s) for with you are applying, with or without reasonable accommodation? [] Yes [] No

Reasonable Accommodations may be made to enable individuals with disabilities to perform the essential tasks.

The information provided in this Employment Application is true and complete. The City may terminate my employment for any false or misleading statements or omissions in this application, whenever they may be discovered.

If I receive an offer of employment, I authorize a medical examination, including a drug screen, by an examiner selected by the City. I understand that any offer of employment may be contingent upon such medical examination and a background check.

I acknowledge that, if hired, my employment is for no definite period and may be terminated at any time with or without cause, by either me or the City. I understand that this cannot be changed except in a writing signed by the City Manager that states it is intended to make that change. Anything said or implied to the contrary is not binding on the City.

Date: _____ Signature: _____

Printed name

AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize any reference, school, former employer, military or other person to disclose to the City, upon request, any information they may have about me and I release them from all liability for disclosing such information. **(If you are applying for a Police Officer or Firefighter position you must have your signature Notarized).**

Date: _____ Signature: _____

POLICE AND FIRE APPLICANTS ONLY

Notary Signature _____ Date _____

My Commission expires _____

**AUTHORIZATION AND DISCLOSURE OF CONSUMER REPORT
AND INVESTIGATIVE CONSUMER REPORT
UNDER THE FAIR CREDIT REPORTING ACT**

The City may obtain or cause to be prepared consumer reports for employment purposes. It may be an investigative consumer report which is obtained through personal interviews and might include information as to your character, general reputation, personal characteristics and mode of living.

You may make a written request, within a reasonable period of time, for a disclosure of the nature and scope of any investigative consumer report we have requested. You may also request a written summary of your rights under the Fair Credit Reporting Act.

If you consent to our obtaining a consumer report or investigative consumer report, sign and date below. We will not process your application until this is signed.

* * *

I authorize the City to obtain or cause to be prepared consumer reports, and investigative consumer reports, about me for employment purposes. I understand that in obtaining such consumer reports and investigative consumer reports, a consumer reporting agency may be used, and I authorize such use. This authorization and disclosure will remain effective for the duration of my employment, if I am hired.

I have received a copy of this authorization and disclosure.

Date

Signature

Printed name

In compliance with Federal and State equal employment opportunity laws, qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital status, veteran status, ancestry or the presence of a non-job related medical condition or disability.

The City of Maple Heights complies with EEO/ADA guidelines and is a drug-free workplace.

CITY OF MAPLE HEIGHTS EEO SURVEY

THIS INFORMATION WILL NOT BE USED TO EVALUATE YOUR APPLICATION.

The following information is requested for Equal Employment Opportunity (EEO) record keeping and reporting compliance purposes only as specified by Title VII of the Civil Rights Act of 1964, as amended by the Equal Employment Opportunity Act of 1972, Section 709(c). This information will NOT be kept with your application for employment, and will **NOT** be used in making employment decisions and because we remove this information from your application. This information is **voluntary** and will be detached from the application upon receipt in the Department of Human Resources.

Please Print

Date of Application: _____

1. Position Applied For: _____ Position Req #: _____
2. Position Applied For: _____ Position Req #: _____

Name: _____

Sex: (Check One) _____ Male _____ Female

Race/Ethnic Categories (Check Only One)

- | | |
|--|---|
| <input type="checkbox"/> Black/African American, not of Hispanic/Latino Origin | <input type="checkbox"/> White, not of Hispanic/Latino Origin |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> Asian |
| <input type="checkbox"/> American Indian/Alaska Native | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |

Categories and Definitions

- **American Indian or Alaska Native.** A person descending from any of the original peoples of North American or South American (including Central America) who possesses ¼ degree of documented tribal descendancy or is enrolled with a federally or state recognized tribe, or is recognized by a federally or state recognized tribe as American Indians for state affirmative action purposes.
- **Asian.** A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
- **Black or African American.** A person having origins in any of the black racial groups of Africa. Terms such as "Haitian" or "Negro" can be used in addition to "Black or African American."
- **Hispanic or Latino.** A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race. The term, "Spanish origin," can be used in addition to "Hispanic or Latino."
- **Native Hawaiian or Other Pacific Islander.** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- **White.** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

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