



Civil Service Application

SUBSTITUTE APPLICATIONS WILL NOT BE ACCEPTED

\$25.00 Filing Fee – cash or personal check/money order payable to “City of Avon Lake”

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Date _____

Position Applied For _____

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State) (Zip)

Length of Time at Address _____

Phone Numbers _____
(Home) (Cell)

Email Address _____

TO BE COMPLETED BY OFFICE:

_____ Application Complete
_____ Structured Interview
_____ Bonus Points
_____ Total Score
_____ Reviewed By
_____ Rank

EDUCATION

High School or G.E.D. _____

College _____

Degree _____

Major _____

Minor(s) _____

Technical School _____

Course Work Area _____

TRAINING SCHOOL(S)/PROGRAM(S)

Subject or Title of Training	Organization	Length of Training
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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_____	_____	_____
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If selected for employment, will you be able to produce evidence that you are eligible for employment in the United States?

Yes No

Are you over the age of 21?

Yes No

Have you ever been employed in the city or state or county service in Ohio?

Yes No

If yes, complete the following:

Employer _____

Address _____

Years Worked _____

Have you filed an application with the City of Avon Lake before? Yes No

If yes, indicate date(s) and position(s):

Are you able to perform the “essential functions” of the job for which you are applying (with or without reasonable accommodation)?

Please note: This question is not designed to elicit information about an applicant’s disability. Please do not provide information about the existence of a disability, particular accommodation, or whether accommodation is necessary. These issues may be addressed at a later stage to the extent permitted by law.

Yes No Need more information about the job’s “essential functions” to respond.

Have you entered into an agreement with any former employer or other party (such as a non-competition agreement) that might, in any way, restrict your ability to work for the City?

Yes No

If yes, please explain:

EXEMPTION FROM PUBLIC RECORDS

Are you a current or former law enforcement officer or firefighter, other covered employee or the spouse or child of one who’s information is exempt from public records. R.C. 149.43 (A) (1) (p).

Yes No

WORK EXPERIENCE

Give your present or most recent job first and work back to your first job. Attach additional sheets, if necessary.

1. Current or Most Recent Employer:

Dates of Employment _____
(From) (To)

Title of Position _____

Name and Address of Employer _____

Phone Number _____ Supervisor/Title _____

Duties of Job _____

Starting Salary _____ Per _____ Last Salary _____ Per _____

Reason for Leaving _____

2. Employer:

Dates of Employment _____
(From) (To)

Title of Position _____

Name and Address of Employer _____

Phone Number _____ Supervisor/Title _____

Duties of Job _____

Starting Salary _____ Per _____ Last Salary _____ Per _____

Reason for Leaving _____

3. Employer:

Dates of Employment _____
(From) (To)

Title of Position _____

Name and Address of Employer _____

Phone Number _____ Supervisor/Title _____

Duties of Job _____

Starting Salary _____ Per _____ Last Salary _____ Per _____

Reason for Leaving _____

4. Employer:

Dates of Employment _____
(From) (To)

Title of Position _____

Name and Address of Employer _____

Phone Number _____ Supervisor/Title _____

Duties of Job _____

Starting Salary _____ Per _____ Last Salary _____ Per _____

Reason for Leaving _____

5. Employer:

Dates of Employment _____
(From) (To)

Title of Position _____

Name and Address of Employer _____

Phone Number _____ Supervisor/Title _____

Duties of Job _____

Starting Salary _____ Per _____ Last Salary _____ Per _____

Reason for Leaving _____

[illegible]

REFERENCES

Name _____

Address _____

Telephone _____

Relationship _____

Name _____

Address _____

Telephone _____

Relationship _____

Name _____

Address _____

Telephone _____

Relationship _____

APPLICANT'S STATEMENT

I certify that all information I have provided in order to apply for and secure work with the City of Avon Lake is true, complete, and correct.

I expressly authorize, without reservation, the City, its representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees, or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations, or organizations for furnishing such information about me.

I understand that the City of Avon Lake does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state, or federal law.

If I am hired, I understand that I am free to resign at any time, with or without cause and with or without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and with or without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the City is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the City's representative.

I also understand that if I am hired, I will be required to provide proof of identity and legal authorization to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

The City of Avon Lake does not tolerate unlawful discrimination in its employment practices. No question on this application is used for the purpose of limiting or excluding an applicant from consideration for employment on the basis of his or her sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status under applicable federal, state, or local law. The City of Avon Lake likewise does not tolerate harassment based on sex, race, color, religion, national origin, genetic information, citizenship, age, disability, or any other protected status. Examples of prohibited harassment include, but are not limited to, unwelcome physical contact, offensive gestures, unwelcome comments, jokes, epithets, threats, insults, name-calling, negative stereotyping, possession or display of derogatory pictures or other graphic materials, and any other words or conduct that demean, stigmatize, intimidate, or single out a person because of his/her membership in a protected category. Harassment of our employees is strictly prohibited, whether it is committed by a manager, coworker, subordinate, or non-employee (such as a vendor or customer). The City of Avon Lake takes all complaints of harassment seriously and all complaints will be investigated promptly and thoroughly.

I authorize an investigation of all statements contained in this application for employment. The investigation shall be necessary to arrive at an employment decision.

I understand that false or misleading information in my application, reference/background check, interviews, or physical examination will result in disqualification for employment.

I understand as part of the employment process, I may be required to participate in a written exam, several interviews, an agility exam, a physical examination, a psychological examination and/or a polygraph test. I may also be required to be insured by the City's insurance carrier.

I understand that following a conditional offer of employment by the City, I will be required to take, and successfully pass a test for illegal drug use performed by a laboratory selected by the City. I further understand that the City will withdraw the conditional offer of employment if the results of the test are positive, unless such positive test result is explained to the satisfaction of the City as the result of legally prescribed medication.

In the event of employment, I understand that false or misleading information given in my application, interviews, physical or psychological examinations, or polygraph test will result in discharge regardless of when found.

I understand that I am required to abide by all rules and regulations of this City and those of the Civil Service Commission to ensure continued employment.

I certify that I have read, fully understand, and accept all terms of the foregoing applicant statement.

(Print Name)

(Signature)

(Date)

APPLICANT DATA RECORD

Please help us to comply with government record keeping by filling out the information requested below.
We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a **Confidential File** separate from the Application for Employment.

(PLEASE PRINT)

Date _____

Position(s) Applied For _____

Referral Source

Walk-In

Friend

City Website

Relative

Internet – Website _____

Advertisement List newspaper _____

Name _____

(Last)

(First)

(Middle)

Address _____

(Number)

(Street)

(City)

(State)

(Zip)

Phone () _____

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Affirmative Action Survey

Government agencies require periodic reports on the sex, ethnicity, handicapped and veteran status of applicants.
This data is for analysis and affirmative action only. **Submission of information is voluntary.**

Male

Female

Race/Ethnic Group

White

Black

Hispanic

American Indian/Alaskan Native

Asian/Pacific Islander

Check if any of the following are applicable:

Vietnam Era Veteran

Handicapped Individual

Gulf War Veteran

Disabled Veteran

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