

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

5353 Lee Road – Maple Heights, Ohio 44137
Phone: (216) 587-9003 – Fax: (216) 662-7556
E-mail: HR@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"/> Bachelor's Degree |
| <input type="checkbox"/> High School Graduate or GED | <input type="checkbox"/> Master's Degree |
| <input type="checkbox"/> Some College | <input type="checkbox"/> Doctorate Degree |
| <input type="checkbox"/> AA or AS 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	Please Print	Dates of Employment From To		
Hrs/Week:[] Full-Time <input type="checkbox"/>	P/T <input type="checkbox"/>	Mo/Yr	Mo/Yr	
Temp <input type="checkbox"/>	Volunteer <input type="checkbox"/>			
Employer Name:				
Address:		City:	State:	Zip: Phone#:
Job Title:		Supervisor (Name & Title):		
Reason for Leaving:				
Description of Duties:				
		Rate/Salary		
		Starting:	Ending:	

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

The Equal Employment Opportunity Commission (EEOC) requires all private employers with 100 or more employees as well as federal contractors and first-tier subcontractors with 50 or more employees AND contracts of at least \$50,000 complete an EEO-1 report each year. Covered employers must invite employees to self-identify gender and race for this report.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify at this time, the federal government requires the City of Maple Heights to determine this information by visual survey and/or other available information.

NAME: _____ **JOB TITLE:** _____

DATE COMPLETED: _____

GENDER (Please check one of the options below)

Male Female Nonbinary

RACE/ETHNICITY (Please check one of the descriptions below corresponding to the ethnic group with which you identify)

Hispanic or Latino: A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

White (Not Hispanic or Latino): A person having origins in any of the original peoples of Europe, the Middle East or North Africa.

Black or African American (Not Hispanic or Latino): A person having origins in any of the Black racial groups of Africa.

Native Hawaiian or Pacific Islander (Not Hispanic or Latino): A person having origins in any of the peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Asian (Not Hispanic or Latino): 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.

Native American or Alaska Native (Not Hispanic or Latino): A person having origins in any of the original peoples of North and South America (including Central America) and who maintains tribal affiliation or community attachment.

Two or more races (Not Hispanic or Latino): All persons who identify with more than one of the above five races.

I do not wish to disclose.