



City of Rocky River

21012 Hilliard Boulevard
Rocky River, OH 44116

Phone: 440-331-0600 Email: mgreco@rockyriverohio.com

Website: www.rockyriverohio.gov

APPLICATION FOR EMPLOYMENT – CIVIL SERVICE

The City of Rocky River considers applicants for all Civil Service positions without regard to race, color, religion, sex, national origin, disability, citizenship status, genetic information, or any other legally protected status..

TO BE CONSIDERED FOR EMPLOYMENT: 1) Complete the application entirely and answer every question fully; 2) Do not use “refer to resume”; and 3) Sign and date the application.

PERSONAL INFORMATION

Last Name	First Name	MI	Social Security No.	Phone-Day
Address	City	State	Zip	Phone-Evening
Date of Birth	Other Last Names Used			E-Mail
Have you previously filed an application with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date:				Do you have any relatives employed here? Name:
Are you legally authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Proof of citizenship or immigration status will be required upon employment.</i>				Referral Source (newspaper, website, etc.):

POSITION INTEREST

Position Applied For: Police Officer Firefighter/Paramedic

EDUCATION/TECHNICAL SKILLS & LICENSES

	Name of School, City, & State	Course of Study	Yrs. Completed	Diploma/Degree or Major
High School				
Business/Technical Or Undergraduate				
Graduate School/ Other				
Professional Certifications	Do you have a valid Ohio driver’s license? <input type="checkbox"/> Yes <input type="checkbox"/> No License No.: _____			

Describe specialized training, apprenticeships, skills, and extra-curricular activities related to the job for which you are applying:

PREVIOUS ADDRESSES

Please list three most recent home addresses with the dates of residence for each:

ADDRESS	CITY, STATE, ZIP	DATES OF RESIDENCE

MILITARY EXPERIENCEHave you ever served in any branch of the United States Armed Forces? Yes No If yes, Branch:

Periods of Active Service (Month/Day/Year) From: To:

Type of Discharge:

EMPLOYMENT HISTORY

List your present and most recent employer first for the last ten (10) years. Volunteer work may also be included as employment. A resume may NOT be substituted for completing this page. Please use the back of this page to continue employment history if necessary.

Name of Employer	Immediate Supervisor	Start Date	End Date
Employer Address		Employer Phone Number	
Starting Position	Current/Ending Position	Starting Salary/Wage	Ending Salary/Wage
Work Performed		Reason for Leaving	
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Name of Employer	Immediate Supervisor	Start Date	End Date
Employer Address		Employer Phone Number	
Starting Position	Ending Position	Starting Salary/Wage	Ending Salary/Wage
Work Performed		Reason for Leaving	

Name of Employer	Immediate Supervisor	Start Date	End Date
Employer Address		Employer Phone Number	
Starting Position	Ending Position	Starting Salary/Wage	Ending Salary/Wage
Work Performed		Reason for Leaving	

Name of Employer	Immediate Supervisor	Start Date	End Date
Employer Address		Employer Phone Number	
Starting Position	Ending Position	Starting Salary/Wage	Ending Salary/Wage
Work Performed		Reason for Leaving	

REFERENCES

Please list the names, addresses and telephone numbers of at least 3 references.

Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

**CITY OF ROCKY RIVER
APPLICATION FOR EMPLOYMENT – CIVIL SERVICE**

APPLICANT AUTHORIZATION AND UNDERSTANDING

READ CAREFULLY BEFORE SIGNING

I hereby waive all provisions of law forbidding any physician or person who has attended or examined me or who may hereafter attend or examine me, high schools, colleges, or universities which I attended, past or present employers, financial institutions with respect to my credit records, law enforcement or judicial agencies regarding disciplinary, or criminal or driving records, from disclosing any knowledge or information which they acquired and I hereby consent that they may disclose any knowledge or information to the City of Rocky River. Each conviction will be evaluated on its own merits with respect to time, circumstances, and seriousness in relation to the job for which you are applying. Any determination will be made at the sole discretion of the City of Rocky River Civil Service Commission. I hereby release the custodian of any such records of any responsibility or liability for releasing said records to an authorized representative of the City of Rocky River from the date hereof for a period of two (2) years.

Initial here _____

I hereby understand and agree that I will be required to submit to one or more of the following: written examination, thumb print identification, physical agility test, interview(s), background investigation, polygraph examination(s), psychological examination, and medical examination including drug screen. I understand and agree that any offer of employment with the City of Rocky River will be dependent upon completion of all of the above tests to the satisfaction of the City of Rocky River.

Initial here _____

I am aware that this application is a "Public Record" and will be handled in accordance with Ohio Public Records Law ORC 149.43. If hired, I further understand that this employment application will become part of my official employment record.

Initial here _____

I understand that the City of Rocky River is not obligated to hire me. If hired, I agree to conform to the City's policies and procedures and acknowledge that my employment will be subject to the Civil Service laws of the State of Ohio and the terms of any applicable collective bargaining agreement.

Initial here _____

My signature below certifies that all statements made in this application or during the hiring process are true and correct to the best of my knowledge. I understand and agree that any misrepresentation or omission of facts in my application may be justification for refusal to hire, or termination of employment. I have read and understand the above information.

Initial here _____

I agree that any claim or lawsuit relating to my service with the City of Rocky River must be filed no more than one (1) year after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

Applicant's Signature _____ Date _____

A copy of this release shall also serve as a substitute for the original.