



City of Rocky River

21012 Hilliard Boulevard
Rocky River, OH 44116

Phone: 440-331-0600 Fax: 440-895-3378

Website: www.rrcity.com

APPLICATION FOR EMPLOYMENT

The City of Rocky River considers applicants for all positions without regard to race, color, religion, sex, age, national origin, disability, military or 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		Middle Initial	Phone – Day
Address		City	State	Zip	Phone – Evening
Other Last Names Used		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>			E-Mail
					Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No

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:
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Have you ever been employed with us? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date	Referred by:
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Have you ever been convicted of a felony or misdemeanor? Yes No If yes, please explain:

(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.)

POSITION INTEREST

Position Applied For	Date Available	Salary Requirement
Are you available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Shift Work <input type="checkbox"/> Overtime <input type="checkbox"/> Seasonal (From: _____ To: _____)		Dates Available

EMPLOYMENT HISTORY

List employers, most recent employer first, for at least 10 years if applicable. Include job-related military service assignments and volunteer activities.

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	

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.: _____ Do you have a valid commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No Endorsements: _____	
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Describe specialized training, apprenticeships, skills, and extra-curricular activities related to the job for which you are applying:

REFERENCES

Please list the names, addresses and telephone numbers of at least 3 references, but neither relatives nor former employers.		
Name	Address	Telephone Number
Name	Address	Telephone Number
Name	Address	Telephone Number

APPLICANT AUTHORIZATION AND UNDERSTANDING

I hereby authorize an investigation of my references, work record, education and other matters related to my suitability for employment, such as criminal convictions or driving record, and further authorize my present employer or any former employer and the references I have listed, to disclose to the City or its agents any and all documents and other information related to my work records, except those which would indicate race, color, religion, sex, age, national origin, disability, military or citizenship status, or genetic information without giving me prior notice of such disclosure. And, I hereby release the City, its agents, my former employers, and all others for any and all claims, demands, or liabilities arising out of or in any way related to such investigation or disclosure. Initial here _____

I understand and agree that any offer of employment with the City of Rocky River may be contingent upon my completing a physical examination and drug test, the results of which must be satisfactory to the City of Rocky River. Initial here _____

I understand that this application is considered current for 6 months. If I wish to be considered for employment after this period, I must fill out and submit a new application. 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. I acknowledge that, if hired, my employment will be at-will and therefore can be terminated with or without cause, and with or without notice, at any time, at the option of the City or myself. This right to terminate employment with or without cause also applies to the City's decisions regarding other terms of employment, including but not limited to demotion, promotion, transfer, compensation, benefits, job duties and responsibilities, and location of work. Nothing in this application, or in any conversation or statement, is intended to create any contract of employment and I understand that no representative of the City has the authority to enter into an agreement for employment for a specific period of time, or to make any agreement contrary to the foregoing. I also understand that the City, at its sole discretion, may alter, amend, or eliminate its existing employment policies, procedures, practices, compensation systems and other privileges and benefits of employment at any time, with or without notice (except where notice is required by law). Initial here _____

I certify 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 _____

READ CAREFULLY BEFORE SIGNING

I agree that any claim or lawsuit relating to my service with the City of Rocky River must be filed no more than one 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. Initial here _____

Applicant's Signature _____ Date _____