

**Filing Information**

Civil Service Commission

Date: Mo: \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

Time: \_\_\_\_\_ am \_\_\_\_\_ pm

Rec'd by \_\_\_\_\_

*Applicant: Do not write in this space*



**APPLICATION FOR EMPLOYMENT**

City of Ravenna  
210 Park Way P.O. Box 1215  
Ravenna, OH 44266  
(PLEASE PRINT CLEARLY)

This application should be completed for current openings only. Non-solicited applications are not accepted.

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
Street City State Zip Code

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

E-Mail \_\_\_\_\_ Social Security No. \_\_\_\_\_

\_\_\_\_\_  Full Time  Part Time  Seasonal  
Position Applying For

How did you become aware of this position?  Web site  Newspaper  Friend \_\_\_\_\_

Were you previously employed by the City of Ravenna?  Yes  No If yes, when and what positions(s)?  
\_\_\_\_\_

Are you over the age of 18?  Yes  No Are you over the age of 21?  Yes  No  
(21 is the minimum age for driving a city vehicle which is not required for all positions)

Do you possess a valid Ohio Drivers License?  Yes  No Drivers License No. \_\_\_\_\_

Are you legally eligible for employment in the United States?  Yes  No

**MILITARY SERVICE RECORD**

Were you in the Armed Forces?  Yes  No If yes, what branch? \_\_\_\_\_

Dates of Duty: \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

I am requesting bonus credit for military service.  Yes  No (Attach a copy of DD-214)

If you require accommodation of any kind to complete the application process, please notify the Human Resources at Ravenna City Hall, 210 Park Way, P.O. Box 1215, Ravenna OH 44266, (330) 296-3864.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act prohibits discrimination on the basis of disability.

**WORK EXPERIENCE**

Give your employment history below, beginning with the most recent employment and working back. You may attach additional sheets if required.

1. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		
2. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		
3. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		

May we contact the employers listed above?  Yes  No If not, indicate by number which one(s) you do not wish us to contact. \_\_\_\_\_

Is your resume included with this application?  Yes  No

**RECORD OF EDUCATION**

School	Name & Address of School	Course of Study	Years Completed	Did You Graduate	List Diploma or Degree
High	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
College	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Other	_____		1 2 3 4	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**CERTIFICATIONS, LICENSES & OTHER**

What certifications and/or licenses do you currently hold that you feel are relevant to the position for which you are applying?

- OPOTA  Yes  No Date Received \_\_\_\_\_
- Physical Agility  Yes  No Date Received \_\_\_\_\_
- Emergency Vehicle Drivers  Yes  No Date Received \_\_\_\_\_
- Hepatitis Immunization  Yes  No Date Received \_\_\_\_\_
- Hazmat Awareness  Yes  No Date Received \_\_\_\_\_
- Hazmat Operations  Yes  No Date Received \_\_\_\_\_
- PALS  Yes  No Date Received \_\_\_\_\_
- BTLS or PHTLS  Yes  No Date Received \_\_\_\_\_
- Fire Level  1B  1C  240hr Date Received \_\_\_\_\_
- EMT Level  Medic Expiration Date \_\_\_\_\_
- CPR Level  Provider  Instructor Expiration Date \_\_\_\_\_
- First Aide Level  Provider  Instructor Expiration Date \_\_\_\_\_
- ACLS  Provider  Instructor Expiration Date \_\_\_\_\_
- CDL  A or  B  Yes  No Expiration Date \_\_\_\_\_

Other: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**APPLICANT STATEMENT**

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements or omissions on this application or during the hiring process shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history, criminal background, and financial and credit record (if applicable) through any investigative or credit agencies or bureaus of your choice.

In making this application I also understand that information may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.

I do hereby understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.
2. It is my understanding that the City will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job that I am hereafter conditionally offered or, in the future, during my employment with the City.
4. I understand and agree that I will be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post accident) I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its agents, officers or employees from any claim arising in connection with the use of such test(s).
5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: overtime, shift work, or a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of any employment with the City of Ravenna.

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law. I further understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signed \_\_\_\_\_ Date \_\_\_\_\_