

The Village of Woodmere

"Gateway To The Chagrin Valley"

27899 Chagrin Boulevard * Woodmere Village, Ohio 44122

EMPLOYMENT APPLICATION

This application for employment with the Village of Woodmere, Ohio is first step of the hiring process. Please reach each question carefully before answering. The Village of Woodmere utilizes various procedures to verify the accuracy of the information you have provided.

If any of the information contained in this application is found to be incorrect, or if you fail to list all relevant information, it may be grounds for not hiring you or for terminating you after you have begun working.

We are an equal opportunity employer dedicated to a policy of non-discrimination in the terms and conditions of employment in the basis of race, sex, religion, color, national origin, citizenship, veterans status, age, or non-job related disability or handicap of any kind.

THIS APPLICATION MUST BE COMPLETED BY THE APPLICANT ONLY

(Please print or type)

POSITION(S) APPLIED FOR: _____ Application Date _____

NAME: _____
Last First Middle

ADDRESS: _____
Number Street City State Zip Code

Telephone Number: (_____) _____ Social Security #: _____
Area Code

OTHER NAME(S) THAT YOU HAVE USED WHICH MAY BE NECESSARY TO VERIFY BACKGROUND INFORMATION, PREVIOUS EMPLOYMENT AND EDUCATION:

HOW LONG HAVE YOU LIVED AT YOUR PRESENT ADDRESS? _____

IF YOU HAVE LIVED AT YOUR PRESENT ADDRESS FOR LESS THAN TEN (10) YEARS, LIST YOUR PREVIOUS ADDRESSES AND DATES OF RESIDENCE FOR THE LAST TEN (10) YEARS.

| ADDRESS | CITY/STATE | ZIP | DATE OF RESIDENCE | |
|---------|------------|-------|-------------------------|-----------------------|
| | | | From: Month and Year | To: Month and Year |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

DRIVER'S LICENSE #: _____ EXP. DATE _____ STATE _____

TYPE OF DRIVER'S LICENSE: REGULAR _____ COMMERCIAL (CDL) _____

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EMPLOYMENT INTERESTS

ARE YOU INTERESTED IN: _____ FULL TIME WORK _____ PART TIME WORK
_____ TEMPORARY WORK _____ SEASONAL WORK

WHAT DAYS ARE YOU AVAILABLE TO WORK? _____

WHAT HOURS ARE YOU AVAILABLE TO WORK? _____

ARE YOU AVAILABLE ON WEEKENDS? _____ YES _____ NO

WOULD YOU BE ABLE TO WORK OVERTIME: _____ YES _____ NO

IF HIRED, WHEN CAN YOU START? _____

DO YOU HAVE A RELATIVE EMPLOYED BY THE VILLAGE OF WOODMERE? _____ YES _____ NO
YES, PLEASE NAME THE RELATIVE _____

HAVE YOU EVER APPLIED TO OR BEEN EMPLOYED BY THE VILLAGE OF WOODMERE?

_____ YES _____ NO. IF YES, PLEASE EXPLAIN _____

WHAT SOURCE CAUSED YOU TO SEEK EMPLOYMENT WITH THE VILLAGE OF WOODMERE?

NEWSPAPER AD _____
EMPLOYEE REFERRAL _____
WALK-IN _____

AGENCY _____
EMPLOYEE _____
RELATIVE _____

NAME OF REFERRAL SOURCE _____

PERSONAL INFORMATION

ARE YOU A CITIZEN OF THE U.S.? _____ YES _____ NO. IF NO, CAN YOU VERIFY
YOUR LEGAL RIGHT TO WORK PERMANENTLY IN THE U.S.? _____ YES _____ NO

ARE YOU 18 YEARS OF AGE OR OLDER? _____ YES _____ NO

FOR POLICE APPLICANTS ONLY: ARE YOU 21 YEARS OF AGE OR OLDER? _____ YES _____ NO

HAVE YOU BEEN CONVICTED OF A FELONY OR A TRAFFIC VIOLATION WITH A FINE IN EXCESS OF
\$200.00 OR A FELONY THAT HAPPENED BEFORE YOUR 18TH BIRTHDAY? (Conviction does not
necessarily disqualify you from employment.)

_____ YES _____ NO. IF YES, PLEASE EXPLAIN _____

IS THERE ANY REASON WHY YOU MIGHT BE UNABLE TO PERFORM CONSISTENTLY AND PROMPTLY
ANY OF THE JOB DUTIES REQUIRED? _____ YES _____ NO. IF YES, EXPLAIN WHY: _____

HAVE YOU EVER SERVED IN THE MILITARY _____ YES _____ NO. IF YES, BRANCH OF
SERVICE _____

SERVICE FROM ____/____/____ TO ____/____/____

HIGHEST RANK ACHIEVED RECEIVED: _____

LENGTH OF SERVICE: _____

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REFERENCES

BELOW LIST THREE (3) PERSONS THAT YOU HAVE KNOWN FOR ONE OR MORE YEARS THAT YOU GIVE THE VILLAGE PERMISSION TO CONTACT. DO NOT LIST RELATIVES.

NAME: _____

ADDRESS: _____

OCCUPATION: _____

TELEPHONE: _____ HOME _____ WORK _____

NAME: _____

ADDRESS: _____

OCCUPATION: _____

TELEPHONE: _____ HOME _____ WORK _____

NAME: _____

ADDRESS: _____

OCCUPATION: _____

TELEPHONE: _____ HOME _____ WORK _____

EMPLOYMENT HISTORY

FALSIFICATION OF A WORK HISTORY WILL RESULT IN DISQUALIFICATION OF AN APPLICANT FOR EMPLOYMENT. PLEASE ANSWER EACH QUESTION ACCURATELY.

ARE YOU CURRENTLY EMPLOYED? _____ YES _____ NO

MAY WE CONTACT YOUR CURRENT EMPLOYER? _____ YES _____ NO

IF NO, PLEASE GIVE REASON: _____

IN THE LAST THREE (3) YEARS OF EMPLOYMENT, DID YOU RECEIVE ANY WRITTEN WARNINGS OR DISCIPLINARY ACTIONS FROM ANY OF YOUR EMPLOYERS? YES _____ NO _____

IF YES, GIVE NAME OF EMPLOYER AND REASON: _____

IN THE SPACE BELOW, LIST EVERY JOB HELD IN THE LAST TEN (10) YEARS. PLEASE START WITH YOUR PRESENT OR MOST RECENT JOB AND WORK BACK. INCLUDE PART-TIME JOBS, TEMPORARY JOBS, MILITARY SERVICE, PERIODS OF UNEMPLOYMENT AND VOLUNTEER JOBS.

EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____

JOB TITLE: _____

STARTING SALARY \$ _____ PER _____

FINAL SALARY \$ _____ PER _____ (week, month or year)

DUTIES: _____ (week, month or year)

REASON FOR LEAVING: _____

NAME(S) OF SUPERVISOR(S): _____

MAY WE CONTACT FOR A REFERENCE? _____ YES _____ NO

EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____

JOB TITLE: _____

STARTING SALARY \$ _____ PER _____

FINAL SALARY \$ _____ PER _____ (week, month or year)

DUTIES: _____ (week, month or year)

REASON FOR LEAVING: _____

NAME(S) OF SUPERVISOR(S): _____

MAY WE CONTACT FOR A REFERENCE? _____ YES _____ NO

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EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____

JOB TITLE: _____

STARTING SALARY \$ _____ PER _____
(week, month or year)

FINAL SALARY \$ _____ PER _____
(week, month or year)

DUTIES: _____

REASON FOR LEAVING: _____

NAME(S) OF SUPERVISOR(S): _____

MAY WE CONTACT FOR A REFERENCE? _____ YES _____ NO

EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____

JOB TITLE: _____

STARTING SALARY \$ _____ PER _____
(week, month or year)

FINAL SALARY \$ _____ PER _____
(week, month or year)

DUTIES: _____

REASON FOR LEAVING: _____

NAME(S) OF SUPERVISOR(S): _____

MAY WE CONTACT FOR A REFERENCE? _____ YES _____ NO

EMPLOYER: _____ FROM _____ TO _____

ADDRESS: _____

JOB TITLE: _____

STARTING SALARY \$ _____ PER _____
(week, month or year)

FINAL SALARY \$ _____ PER _____
(week, month or year)

DUTIES: _____

REASON FOR LEAVING: _____

NAME(S) OF SUPERVISOR(S): _____

MAY WE CONTACT FOR A REFERENCE? _____ YES _____ NO

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EDUCATION AND TRAINING

HIGH SCHOOL:

NAME OF HIGH SCHOOL _____

LOCATION _____

GRADUATE? _____ YES _____ NO DATE _____

MAJOR AREA OF STUDY _____

UNDERGRADUATE:

NAME OF COLLEGE/UNIVERSITY _____

LOCATION _____

GRADUATE? _____ YES _____ NO DATE _____

DEGREE(S) _____

(List whether Associate or Bachelors degree)

MAJOR _____

GRADUATE:

NAME OF COLLEGE/UNIVERSITY _____

LOCATION _____

GRADUATE? _____ YES _____ NO DATE _____

PLEASE LIST ADDITIONAL EDUCATION, TRAINING OR CERTIFICATION BELOW

SPECIAL SKILLS:

TYPE _____ YES _____ NO _____ WPM _____ SHORTHAND _____ YES _____ NO NO. WPM _____

COMPUTER EXPERIENCE? _____ YES _____ NO IF YES, PLEASE DESCRIBE _____

PLEASE COMPLETE THIS SECTION ONLY IF YOU ARE APPLYING FOR A JOB THAT REQUIRES THE OPERATION OF A MOTOR VEHICLE. IT IS ESSENTIAL THAT YOU ANSWER THE FOLLOWING QUESTIONS ACCURATELY.

DO YOU CURRENTLY HAVE A VALID DRIVER'S LICENSE? _____ YES _____ NO

STATE ISSUED _____ LICENSE NUMBER _____ EXPIRATION DATE _____

DO YOU CURRENTLY HAVE A VALID COMMERCIAL DRIVER'S LICENSE? _____ YES _____ NO

STATE ISSUED _____ LICENSE NUMBER _____ EXPIRATION DATE _____

PLEASE LIST ALL STATES OTHER THAN OHIO THAT ISSUED A DRIVER'S LICENSE IN THE PAST TEN (10) YEARS: _____

HAS YOUR DRIVER'S LICENSE BEEN SUSPENDED OR REVOKED IN THE PAST TEN (10) YEARS?

_____ YES _____ NO IF YES, PLEASE EXPLAIN _____

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PLEASE DESCRIBE THE ACCIDENTS THAT YOU HAVE BEEN INVOLVED IN OVER THE PAST TEN (10) YEARS REGARDLESS OF SEVERITY: _____

PLEASE LIST BELOW ALL TRAFFIC VIOLATIONS FOR WHICH YOU HAVE BEEN CONVICTED IN THE PAST FIVE (5) YEARS DO NOT INCLUDE PARKING VIOLATIONS:

DATE OF VIOLATION _____ TYPE OF VIOLATION _____

NAME AND LOCATION OF COURT _____

DATE OF CONVICTION _____ DISPOSITION AND FINE _____

DATE OF VIOLATION _____ TYPE OF VIOLATION _____

NAME AND LOCATION OF COURT _____

DATE OF CONVICTION _____ DISPOSITION AND FINE _____

DATE OF VIOLATION _____ TYPE OF VIOLATION _____

NAME AND LOCATION OF COURT _____

DATE OF CONVICTION _____ DISPOSITION AND FINE _____

DATE OF VIOLATION _____ TYPE OF VIOLATION _____

NAME AND LOCATION OF COURT _____

DATE OF CONVICTION _____ DISPOSITION AND FINE _____

DATE OF VIOLATION _____ TYPE OF VIOLATION _____

NAME AND LOCATION OF COURT _____

DATE OF CONVICTION _____ DISPOSITION AND FINE _____

By signing this application below, I certify that all of my answers in this application are true and correct. I agree to the verification of my statements and answers in this application before any hiring decision is made. I authorize investigation of my past employment history as well as an investigation into my criminal history, credit and character. I agree to the ongoing nature of this application and understand and agree to supplement this application with any new information that would be responsive to, modify or supplement the information required to be provided on the application. If hired, failure to provide such supplemental information shall constitute a cause for discharge.

I understand that part of the hiring process may include additional questionnaires, interviews, a background check, physical examination and a drug screening test.

I understand and agree that any false, misleading or incomplete information given in my application, interview(s) or other pre-employment questionnaires and procedures, regardless of when discovered by the Village, will be sufficient basis for my disqualification for employment, or if employed, the termination of my employment with the Village. I agree that the Village shall not be liable in any respect if I am not hired or my employment is terminated as a result of providing such false, misleading or incomplete information.

I hereby acknowledge that I have read and understood all of the information above, and agree to the terms therein.

(Signature)

(Date)

2/07

AN EQUAL OPPORTUNITY EMPLOYER

VILLAGE OF WOODMERE

27899 Chagrin Blvd.
Woodmere Village, OH 44122
216.831.9511

PERMISSION FOR RELEASE OF INFORMATION FOR BACKGROUND INVESTIGATION

To Whom It May Concern:

I am an applicant with the **Village of Woodmere**. The **Woodmere Police Department** wants to thoroughly investigate my employment background and personal history to evaluate my qualifications to hold the position for which I applied for. It is in the public's interest that all relevant information concerning my personal and employment history be disclosed to the **Woodmere Police Department**. I hereby authorize any representative of the **Woodmere Police Department** bearing this release to obtain any information in your files pertaining to my employment records and I hereby direct you to release such information upon request of the bearer. I do hereby authorize a review of and full disclosure of all records, or any part thereof concerning myself, by and to any duly authorized agent of the **Woodmere Police Department**, whether said records are of public, private, or confidential nature. The intent of this authorization is to give my full and complete disclosure. I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life, for the specific purpose of pursuing a background investigation that may provide pertinent data to the **Woodmere Police Department** to consider in determining my suitability for employment with the **Village of Woodmere**. It is my specific intent to provide access to personnel information, however personal or confidential it may appear to be status, my criminal history record, including my arrest records, any information contained in investigatory files, efficiency ratings, complaints or grievances filed by or against me, the records of recollections of attorneys at law or other counsel, whether representing me or another person in any case, either criminal or civil, in which I presently have or have had an interest, attendance records, polygraph examinations, and any internal affairs investigations and discipline, including any files which are deemed to be confidential, and or sealed.

I hereby release you, as the custodian of such records and your organization, including its officers, employees, ore related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including any liability or damage pursuant to any State or Federal laws which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. I direct you to release such information upon request of the duly accredited representative of the **Woodmere Police Department** regardless of any agreement I may have had with you previously to the contrary. The law enforcement agency requesting the information pursuant to this release will discontinue processing my application if you refuse to disclose the information requested.

For and in consideration of the Village of Woodmere's acceptance and processing of my application for employment, I agree to hold the Village of Woodmere, its agents and employees harmless from any and all claims and liability associated with my application for employment or in any way connected with the decision whether or not to employ me with the Village of Woodmere. I understand that should information of a serious criminal nature surface as a result of this investigation, such information may be turned over to the proper authorities.

I understand my rights under Title 5, United Sates Code, Section 552a, The Privacy Act of 1974, and O.R.C. Sections 149.43 and 1347.01 with regard to access and to disclosure of records and I waive those rights with the understanding that information furnished will be used by the **Woodmere Police Department** in conjunction with employment procedures.

A photocopy or FAX copy of this release form will be valid as an original thereof, even though the said photocopy or fax copy does not contain an original writing of my signature.

Should there be any questions as to the validity of this release, you may contact me at the address listed on this form.

I agree to indemnify and hold harmless the person to whom this request is presented and his/her agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request.

Signature: _____

Print Name: _____

Address: _____

Presence of Notary: _____

Notary Seal