



# The City of Wickliffe

28730 Ridge Road – Wickliffe, Ohio 44092

## APPLICATION FOR EMPLOYMENT

The City of Wickliffe considers applicants for all positions without regard to race, color, religion, creed, sex, gender, national origin, age, ancestry, disability and/or handicap, marital or veteran status, sexual orientation or any other legally protected status. Applicants may request any necessary accommodations to enable them to participate in the application process.

PLEASE PRINT OR TYPE

### PERSONAL INFORMATION

Today's Date: \_\_\_\_\_ Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Number & Street or P.O. Box City State Zip Code

Daytime Telephone Number: (\_\_\_\_) \_\_\_\_\_ Evening Telephone Number: (\_\_\_\_) \_\_\_\_\_

Are you 18 years or older? \_\_\_\_\_ Yes \_\_\_\_\_ No  
There are age requirements for Police and Fire applicants.

**Police and Fire Applicants Only:**  
**Date of Birth:** \_\_\_\_\_

Position Applying For: \_\_\_\_\_

Have you ever previously filed an employment application with the City? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, provide date(s) and position(s) applied for: \_\_\_\_\_

Have you ever previously been employed by the City? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, provide dates of employment and position(s) held: \_\_\_\_\_

Do you have any relatives employed by the City? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, list name(s), relationship(s) and position with the City: \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Yes \_\_\_\_\_ No

May we contact your current employer? \_\_\_\_\_ Yes \_\_\_\_\_ No

Do you have a valid state driver's license? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, License Number: \_\_\_\_\_ State: \_\_\_\_\_

Do you have a valid Commercial Driver's License (CDL)? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Class: \_\_\_\_\_ Endorsements: \_\_\_\_\_

**PERSONAL INFORMATION (Cont'd)**

List all states in which you have lived or resided for the last 10 years, including dates of residence:

States:

Dates of Residence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor, other than a minor traffic offense? (A conviction will not necessarily be a bar to employment. This information will be used only for job-related purposes to the extent permitted by law. *Be candid. Your response is subject to verification through a criminal history investigation.* Do not include convictions that have been **legally** expunged). \_\_\_\_ Yes \_\_\_\_ No If yes, for each conviction list the specific title of the offense, the date of conviction, the jurisdiction and the disposition. If necessary, please attach an additional sheet.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you lawfully entitled to work in the United States? \_\_\_\_\_ Yes \_\_\_\_\_ No  
(The Immigration Reform and Control Act of 1986 requires that employers only hire individuals who are lawfully entitled to work in the United States by virtue of being a citizen or authorized alien.) Proof of citizenship or immigration status will be required upon employment.

**WORK INFORMATION**

Position you are applying for: \_\_\_\_\_

Date you can start: \_\_\_\_\_

How did you learn about the position? (please check box below)

- Advertisement
- Friend
- Relative
- School
- Employee. If so, please specify employee: \_\_\_\_\_
- Other, please specify: \_\_\_\_\_
- Private Employment Agency
- Government Employment Agency
- Walk-In

Availability (check all that apply):  Full Time  Part Time  Shift Work  Temporary

If part time, specify days and hours: \_\_\_\_\_

If temporary, specify length of employment desired: \_\_\_\_\_

**WORK INFORMATION (Cont'd)**

List any other specific days and times when you are unavailable: \_\_\_\_\_

Are you willing to work overtime as necessary? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please list specific days and times when you are unavailable: \_\_\_\_\_

Can you travel, if required by the job? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you currently on lay-off status and subject to recall? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Have you been provided an opportunity to review the job description for the position you are applying for? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, can you perform the essential functions of the position for which you are applying, with or without reasonable accommodations? \_\_\_\_\_ Yes \_\_\_\_\_ No

If no, please explain: \_\_\_\_\_

**EMPLOYMENT HISTORY**

Instructions: Beginning with your present or most recent employer, list **all** employers whom you have worked for during the past 10 years. Include any job related military service assignments, but do not include type of discharge. Please enter all information, even when submitting a resume.

1. Name and Address of Employer	Supervisor's Name and Title	Employment Dates	Pay History
_____	_____	From: Mo./Yr.	\$_____ per _____ Starting Rate
_____	_____	From: Mo./Yr.	\$_____ per _____ Final Rate
_____	_____		

Telephone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

2. Name and Address of Employer	Supervisor's Name and Title	Employment Dates	Pay History
_____	_____	From: Mo./Yr.	\$_____ per _____ Starting Rate
_____	_____	To: Mo./Yr.	\$_____ per _____ Final Rate
_____			

Telephone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Name and Address of Employer	Supervisor's Name and Title	Employment Dates	Pay History
_____	_____	From: Mo./Yr.	\$_____ per _____ Starting Rate
_____	_____	To: Mo./Yr.	\$_____ per _____ Final Rate
_____			

Telephone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
\_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
\_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

4. Name and Address of Employer	Supervisor's Name and Title	Employment Dates	Pay History
_____	_____	_____	\$ _____ per _____
_____	_____	From: Mo./Yr.	Starting Rate
_____	_____	To: Mo./Yr.	Final Rate

Telephone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

5. Name and Address of Employer	Supervisor's Name and Title	Employment Dates	Pay History
_____	_____	_____	\$ _____ per _____
_____	_____	From: Mo./Yr.	Starting Rate
_____	_____	To: Mo./Yr.	Final Rate

Telephone: (\_\_\_\_) \_\_\_\_\_ Job Title: \_\_\_\_\_

Description of Job Duties: \_\_\_\_\_  
 \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_  
 \_\_\_\_\_

May we contact for a reference? \_\_\_\_\_ Yes \_\_\_\_\_ No

**EMPLOYMENT HISTORY (Cont'd)**

Please answer the following questions for all current and past employers. Do not include information relating to military service.

**Within the past 10 years:**

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for poor job performance? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for theft or a related offense? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for fighting, assault or related behavior? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for insubordination? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for violating safety rules? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for absenteeism, tardiness, failure to notify your company of your absence or any other attendance related reason? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

Have you ever been disciplined or discharged (or resigned in lieu of discharge) for being under the influence of alcohol or drugs, or for possession, sale, use or abuse of alcohol or drugs, or for violating your company's substance abuse policy? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, please explain: \_\_\_\_\_

**EDUCATION**

Name of School and Location	No. of Years Attended	Did You Graduate?	Degree, Major/Minor or Course of Study
High School		Yes _____ No _____	_____
Undergraduate College/University		Yes _____ No _____	_____

Graduate College/University

\_\_\_\_\_  
\_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_

Professional School

\_\_\_\_\_  
\_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_

Trade/Business School

\_\_\_\_\_  
\_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_

Correspondence School

\_\_\_\_\_  
\_\_\_\_\_ Yes \_\_\_\_\_  
\_\_\_\_\_ No \_\_\_\_\_

Please list any scholastic honors, awards, subjects of special study, research, publications, and/or thesis:

\_\_\_\_\_  
\_\_\_\_\_

**ADDITIONAL SKILLS**

Do you have personal computer skills? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, please describe the type of hardware and software that you are proficient in:

\_\_\_\_\_  
\_\_\_\_\_

Indicate any foreign languages you can speak, read, and/or write:

Fluent

Good

Fair

Speak \_\_\_\_\_

Read \_\_\_\_\_

Write \_\_\_\_\_

Please describe any specialized training, apprenticeships, and/or skills that you possess that you believe are relevant to the position you are applying for:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any other experiences, skills, or abilities that you feel specifically qualify you for work with the City?

\_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATIONS OR LICENSES**

Please list any certifications or licenses that you possess, including the state(s) in which they are valid:

\_\_\_\_\_  
\_\_\_\_\_

**PROFESSIONAL ASSOCIATIONS**

Please list any professional, trade, business, or civic activities and offices held. You may exclude membership or activities which would reveal race, color, religion, creed, sex, gender, national origin, age, ancestry, disability and/or handicap, or any other legally protected status.

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**MILITARY SERVICE RECORD**

Have you ever been in the U.S. Armed Forces or Reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Are you presently in the Active Reserves? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes to one or both of the above questions, please complete the following?

Number of years of duty: \_\_\_\_\_ Rank at discharge: \_\_\_\_\_

Duties: \_\_\_\_\_

Training received that may be relevant to the position you are applying for: \_\_\_\_\_

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**ADDITIONAL INFORMATION**

Please provide any additional information you feel may be helpful to the City in considering your application: \_\_\_\_\_

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**REFERENCES** Please provide three references (excluding relatives)

Name and Address

How they Know You

1. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

\_\_\_\_\_

2. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

\_\_\_\_\_

3. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: ( ) \_\_\_\_\_

\_\_\_\_\_



## APPLICANT'S PRE-EMPLOYMENT STATEMENT, AUTHORIZATION, AND RELEASE

**Please read the following statements carefully, sign below, *AND HAVE NOTARIZED.***

In consideration of the acceptance of my application for employment by the City of Wickliffe (hereinafter referred to as, "City"), I understand, agree, and/or certify to the following:

1. I certify that all information I have provided on this application is true, accurate, and complete to the best of my knowledge and belief. I understand that falsification, misrepresentation or omission of any information on my application (including any supplemental questionnaire), resume, or any other materials, or during any interviews, will be justification for withdrawing any offer of employment or, if employed, termination from employment, **regardless when the falsification, misrepresentation or omission is discovered by the City.**
2. Any offer of employment I may receive from the City is contingent upon satisfactory results from the City's total pre-employment screening process. These results may include, but not be limited to, the following:
  - a. Receipt by the City of references that it considers satisfactory;
  - b. Satisfactory completion of a post-offer, pre-employment medical examination that is job related and consistent with business necessity;
  - c. Passing a screening for alcohol and/or drugs;
  - d. Satisfactory completion of any pre-employment psychological examination/screening that the City may require that is job related and consistent with business necessity;
  - e. Satisfactory completion of any physical/mental skills testing or evaluation that the City may require that is job related and consistent with business necessity; and
  - f. Satisfactory completion of criminal history and background investigations.
3. I authorize the City and its agents to conduct a criminal history investigation with any or all federal, state, and local jurisdictions. This investigation may seek information on any felony and misdemeanor convictions I may have and my driving record.
4. I understand and agree that applicants for positions in the Division of Police and Division of Fire, and at the City's discretion, applicants for any other position in the City, will be subject to a more extensive background investigation. This investigation may include, but not be limited to, information as to my moral character and habits, general reputation, personal characteristics, and mode of living. This investigation may be conducted by the City's Division of Police or other agents of the City and may include interviews with my friends, neighbors, and associates. I hereby release the City and its agents, including employees of the Division of Police, my friends, neighbors, and associates, and all other parties from any and all liability for damages arising from the conduct of this investigation, and the release of information as a result thereof.
5. I hereby grant the City and its agents permission to contact all of my present and former employers and those individuals I have provided as personal references (unless otherwise specified on this application). I authorize and request that such employers and references furnish information about my employment record, including a statement of the reason for the termination of my employment, work performance, abilities, and other qualities pertinent to my qualifications for employment. Further, I authorize the City and its agents to obtain transcripts from all educational institutions I have attended. I also grant the City and its agents permission to conduct whatever investigation which may be needed to obtain or verify information regarding statements contained in my application, resume, any other materials, or any interviews, or concerning my qualifications for employment. I hereby release the City and its agents, my present and former employers, my personal references, and all other parties from any and all liability for damages arising from furnishing the requested information.

**PRE-EMPLOYMENT STATEMENT, AUTHORIZATION, AND RELEASE (Cont'd.)**

- 6. This application is subject to the Civil Service Rules of the City, as applicable.
- 7. This application shall be maintained on file for a period of one year.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

STATE OF OHIO )  
 ) ss  
 COUNTY OF \_\_\_\_\_ )

Before me, a notary public in and for said county and state, personally appeared the above named \_\_\_\_\_ who acknowledged that he/she did sign the foregoing application and that the same is his/her free act and deed.

In Testimony Whereof, I have hereunto affixed my hand and official seal at \_\_\_\_\_, Ohio this \_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_.

\_\_\_\_\_  
Notary Public

My Commission Expires: \_\_\_\_\_

*Thank you for your interest in the City of Wickliffe*

**Do Not Write Below This Line**

\_\_\_\_\_  
Interviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Position Interviewed For: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Hired: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Reporting Date: \_\_\_\_\_

Position Title: \_\_\_\_\_

Reports To: \_\_\_\_\_

Position Grade: \_\_\_\_\_ Exempt/Non Exempt: \_\_\_\_\_

Salaried/Hourly: \_\_\_\_\_ Salary/Hourly Rate: \_\_\_\_\_