

**CITY OF ENGLEWOOD**  
333 West National Road, Englewood, OH 45322  
(An Equal Opportunity Employer)

**APPLICATION FOR EMPLOYMENT**  
(Englewood Fire Department positions only)

**PERSONAL INFORMATION:**

Name: \_\_\_\_\_  
Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

Present Address: \_\_\_\_\_  
Number/Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Alternate Contact Source: \_\_\_\_\_  
(Circle One) Cell Pager Email Other (Describe) \_\_\_\_\_

Are you legally eligible for Employment in the USA? Yes No \_\_\_\_\_ Are you of legal age to work in Ohio? Yes No \_\_\_\_\_ (Note: Verification of age and employment eligibility status will be required upon hire)

Position Applied For: \_\_\_\_\_ Date Available: \_\_\_\_\_

Were You Previously Employed by Us? Yes No \_\_\_\_\_ If Yes, Date & Position: \_\_\_\_\_

**EDUCATION:**

School	Name and Address of School	Course of Study	Last Year Completed				List Diploma or Degree
			9	10	11	12	
High School							
			1	2	3	4	
College							
			1	2	3	4	
Other (Specify)							
			1	2	3	4	

Are there any other experiences, qualifications, knowledge, skills, or abilities you possess which will be of special benefit in the job for which you are applying? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

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**EMPLOYMENT HISTORY:**

(List current and past employment, beginning with the most recent)

Name and Address of Company	Start Date	End Date	Starting Hourly Wage	Ending Hourly Wage	Reason for Leaving	Name of Supervisor
	Job Title: Description of Job Duties:					
Telephone:						

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	Job Title: Description of Job Duties:					
Telephone:						

If there is a particular employer(s) you do not wish us to contact, please indicate which one(s):

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Except as otherwise stated above, I hereby give the City of Englewood permission to contact the employers listed above concerning my prior work experience.

Signed: \_\_\_\_\_

**PERSONAL REFERENCE:**

(Do not include former employers or relatives)

Name and Occupation	Relationship	Mailing Address	Phone Number

I certify that all the information submitted by me on this application and its attachments is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected and, if I am employed, my employment may be terminated on the basis of such misrepresentation. Unless specifically noted otherwise, I hereby authorize the City of Englewood to make inquiry of any person or organization named in this application for purposes of verifying the information provided, and release any such person providing information to the City of Englewood from any liability arising out of the provision of such information.

I understand that the City of Englewood may choose to perform pre-employment record checks, including, but not limited to, criminal records checks, driving records checks, credit record checks and employment or education records checks. Additionally, I understand that, as a condition of employment, the City reserves the right to perform these records checks on a continuing basis. I hereby authorize such records checks and release any such person providing information to the City of Englewood from any liability arising out of the provision of such information.

I understand that, if I am offered a position with the City of Englewood, I will be required to submit to a pre-employment physical examination, at the expense of the City of Englewood, at a place designated by the City of Englewood, and that this physical examination will include drug/alcohol test(s), as well as any other testing procedures determined to be necessary and appropriate to the position. I hereby authorize the physical examinations/tests and authorize the release of the results of the examinations/tests to the City of Englewood. I hereby release the City of Englewood and the physician(s) and/or medical facilities performing the examinations/tests, of any and all liability arising out the administration of the examinations/tests and for any and all actions arising out of the results.

I understand that, unless the terms of employment are otherwise limited by civil service or a collective bargaining agreement, my employment can be terminated, with or without cause, and with or without notice at any time, at either my option or the City's option.

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Signature of Applicant

Date Signed

Time Stamp Application Here

**FOR OFFICE USE ONLY**

Application Received By: \_\_\_\_\_

Test Administered: \_\_\_\_\_ Date: \_\_\_\_\_

Score: \_\_\_\_\_ Placement: \_\_\_\_\_ Pass/Fail? \_\_\_\_\_

Additional Assessment: \_\_\_\_\_ Date: \_\_\_\_\_

Score: \_\_\_\_\_ Placement: \_\_\_\_\_ Pass/Fail? \_\_\_\_\_

Notes: \_\_\_\_\_

Interview Date: \_\_\_\_\_ Interviewers: \_\_\_\_\_

Pre-Employment Physical Date: \_\_\_\_\_ Results: \_\_\_\_\_

Additional Notes: \_\_\_\_\_

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## **EQUAL EMPLOYMENT OPPORTUNITY (EEO) INFORMATION**

The information you provide on this page will be used solely for recruitment and EEO purposes in compliance with State and Federal laws and guidelines.

"Race, color, religion, creed, country of origin, ancestry, sex, age, physical disability, political affiliation, or other factors not pertinent to the performance shall not be considered in recruitment, examination, appointment, training, promotion, retention, salary determination or other conditions of employment, except in cases where specific age, sex or physical requirements constitutes a 'bona fide occupational qualification.' Discrimination for any of the reasons stated above is, therefore, unlawful and constitutes the denial of civil rights and an affront to human dignity." City of Englewood Rules of Merit Employment, Addendum A

Position applied for: \_\_\_\_\_ Date Applied: \_\_\_\_\_

Name: \_\_\_\_\_

**PLEASE CHECK:**      Male \_\_\_\_\_ Female \_\_\_\_\_

A. _____	White (non-Hispanic)	Persons having origin in any of the original peoples of Europe, North Africa, or the Middle East.
B. _____	Black (non-Hispanic)	Persons of African descent, as well as those identified from Jamaica, Trinidad, and the West Indies
C. _____	Hispanic	Persons of Mexican, Puerto Rican, Cuban, Latin American, or Spanish descent.
D. _____	American Indian/ Alaskan Native	Persons who identify themselves, or are known as such by virtue of, tribal association, and Eskimos, Aleuts or Alaskan natives.
E. _____	Asian/Pacific Islander	Persons having origins in any of the original peoples of the Far East, South East Asia, Indian Subcontinent, or the Pacific Islands.
F. _____	Handicapped	Individual with: a physical or mental impairment that substantially limits one or more major life activities, including the functions of caring for one's self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, and working; a record of a physical or mental impairment, or being regarded as having a physical or mental impairment.

**Recruitment Source:** Please specifically describe how you became aware of an employment opportunity with the City of Englewood. (i.e., If a newspaper was your information source, please list the name of the newspaper and the date you saw the ad. If the internet was your information source, please list the web site and the date you saw the listing.)

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Thank you for your voluntary assistance in our recruitment and EEO compliance and tracking efforts.

## EMPLOYMENT BACKGROUND AUTHORIZATION

I. I understand that an investigative report may be generated on me that may include information as to my character, work habits, performance and experience, along with reasons for termination of past employment, financial/credit history. Criminal history records from any criminal justice agency in any or all federal, state, city and county jurisdictions. State Department of Motor Vehicle/Drivers' License Records to include traffic citations and registration. Military National Personnel Record Center. Educational institutions to include transcripts. Any individual, company, firm corporation, present and/or past employers or public agencies (including the Social Security Administration and the Immigration & Naturalization Service). I fully give my consent to and understand that the City of Englewood, Ohio and/or its agent Gall & Gall Company, Inc., may be requesting information from public and private sources about any of the information noted earlier in this paragraph.

II. IF APPLICABLE, Medical and workers' compensation information will be requested in compliance with the Federal Americans with Disabilities Act (ADA) and/or any other applicable state laws. According to the Fair Credit Reporting Act (FCRA), I am entitled to know if the considerations for which I am applying are denied because of information obtained from a consumer-reporting agency. If so, I will be notified and be given the name of the agency providing that report.

III. I agree that a photocopy or telephonic facsimile of this authorization shall be valid as the original. This release is valid for most federal, state and county agencies including the Minnesota Department of Labor.

IV. Minnesota/California applicants only. If you want a copy of the report ordered, check this box . The report will be sent by the consumer reporting agency to you at the address listed below your signature.

V. I hereby authorize, without reservation, any one contacted by the City of Englewood, Ohio and/or their agent Gall & Gall Company, Inc., to furnish the information described in Section 1.

### APPLICANT COMPLETE THE FOLLOWING:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Today's Date

\_\_\_\_\_  
Please print full name

The following information is required by law enforcement agencies and other positive identification purposes when checking public records. It is confidential and will not be used for any other purposes.

\_\_\_\_\_  
Please print other names you have used

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Home Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Driver's License Number and State

\_\_\_\_\_  
Name as it appears on License

Have you ever been convicted of or plead guilty to a crime?  No  Yes (A conviction will not automatically disqualify you from being considered as a candidate for employment.) If yes, please explain:

\_\_\_\_\_  
FAIR CREDIT REPORTING ACT, DRIVER'S LICENSE PROTECTION ACT, and ANY APPLICABLE STATE STATUE (S) NOTICE: In accordance with the Fair Credit Reporting Act, this information may only be used to verify a statement(s) made by an individual in conjunction with legitimate business needs. The depth of information available varies from state to state. The report that will be generated for employment purposes only and in compliance with the Fair Credit Reporting Act, the Diver's Protection Act, and any applicable state statute(s).