

# Application for Employment Village of Grand River

205 Singer Ave.

PO Box 216

Grand River, Ohio 44045

Office: (440) 357-5222 Fax: (440) 639-8008 Email: mail@grandriverohio.com

Date Received: \_\_\_\_\_

<b>Personal Information</b>			
<b>Last Name</b>	<b>First Name</b>	<b>Middle Name</b>	Today's Date
Street Address	City	State	Zip Code
Previous Address	City	State	Zip Code
How long at your current address?		Social Security Number	
Home Phone: (____) _____ - _____	Are you a United States Citizen or legally eligible to work in the U. S.?		
Cellular Phone: (____) _____ - _____	Yes <input type="checkbox"/> No <input type="checkbox"/>		
Other: (____) _____ - _____	<i>(If hired, you will be required to provide documentation that you are eligible to work in the U.S.)</i>		
Are you 21 or over? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If less than 18 years of age, do you have a current work permit? Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>			
Marital Status		Spouses Name	
<b>Title of Position Applying For:</b>			
Firefighter, EMT, Paramedic <input type="checkbox"/>			
Police Officer <input type="checkbox"/>			
Street Department <input type="checkbox"/>			
Clerk <input type="checkbox"/>			
Other <input type="checkbox"/>			
Date Available to Work:			
Have you been previously interviewed or employed by the Village of Grand River? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, list date(s) and job title(s): _____			
Do you have any friends or relatives currently working for the Village of Grand River? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If Yes, list names and relationship to you: _____			
Are you employed now? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If so, may we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>			

<b>Education</b>			
<b>Name and Location</b>	<b># Years Completed</b>	<b>Major Area of Study</b>	<b>Degree/Diploma</b>
High School			
College			
Graduate School			
Technical or Certificate Programs			
If you did not receive a diploma from a high school, did you receive  A high school equivalency diploma (GED)? Yes <input type="checkbox"/> No <input type="checkbox"/>		Number:	Granting Agency:

<b>Driving Record</b>			
Do you have a valid driver's license? Yes <input type="checkbox"/> No <input type="checkbox"/>	Type of License: Regular <input type="checkbox"/> Commercial (CDL) <input type="checkbox"/>	Expiration Date:	State:
License Number:			
If applying for Public Works Position, Please indicate whether you hold the following valid driver's licenses: Class A <input type="checkbox"/> Class B <input type="checkbox"/> Class C <input type="checkbox"/>			

<b>Police Related</b>	
<input type="checkbox"/> OPOTC certificate meeting the requirements described in Section 109: 2-1-12(D) of the Ohio Administrative Code	Expiration Date _____

<b>Fire Related</b>	
<input type="checkbox"/> State of Ohio Firefighter Certification	
<input type="checkbox"/> Firefighter II (240 hour)	Expiration Date _____
<input type="checkbox"/> State of Ohio EMT-P (Paramedic) Certification	Expiration Date _____
<input type="checkbox"/> Firefighter Physical Assessment (Agility) Certification [From Cuyahoga Community College (Tri-C) or equivalent]	Expiration Date _____

<b>Dispatch Related</b>	
<input type="checkbox"/> LEADS certified operator	Expiration Date _____
<input type="checkbox"/> Certification as an Emergency Medical Dispatcher (EMD)	Expiration Date _____

**OTHER** (certifications and/or licenses that you currently hold that you feel are relevant to the position for which you are applying, such as Electrical, HVAC, Plumbing, First Aid, FEMA-NIMS ...)

Expiration Date

Expiration Date

Expiration Date

Expiration Date

Expiration Date

Expiration Date

Expiration Date

**Employment History** Please provide the following information for your previous three employers, beginning with the most recent: (Please attach an additional page if necessary, do not use "see attached resume".)

Employer:	Dates Employed: From _____ To _____	Job Title:
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Address:

Telephone:	Job Duties:
Salary Start:                      Finish:	
Reason for Leaving:	
May we contact for reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:	Dates Employed: From _____ To _____	Job Title:
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Address:

Telephone:	Job Duties:
Salary Start:                      Finish:	
Reason for Leaving:	
May we contact for reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>	

Employer:	Dates Employed: From _____ To _____	Job Title:
Address:		
Telephone:	Job Duties:	
Salary Start:                      Finish:		
Reason for Leaving:		
May we contact for reference?    Yes <input type="checkbox"/> No <input type="checkbox"/>		

Describe your qualifications for the type of employment you are seeking: (include skills, special training, etc.)

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Please list any special awards, honors, scholarships, or offices held.

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<b>Military</b>
Have you ever served in the United States Armed Forces? Yes <input type="checkbox"/> No <input type="checkbox"/>
Branch: _____ Active Duty Dates: _____ Highest Rank Held: _____
Are you registered with selective services? Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you a member of the Armed Forces Reserve? Yes <input type="checkbox"/> No <input type="checkbox"/> Branch: _____
Are you member of the National Guard? Yes <input type="checkbox"/> No <input type="checkbox"/> Unit & location? _____

<b>References</b> Please list names of supervisors, managers, or others who can comment directly on your abilities:				
Name	Address	Phone #	Relationship/Occupation	Years Known

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The Village of Grand River is an Equal Opportunity Employer. It is the policy of the Village of Grand River not to discriminate in employment matters on the basis of race, creed, color, age, marital status, national origin, sex, or status with regard to public assistance or disability.

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My signature constitutes my certification that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for the Village of Grand River to investigate the facts submitted; and for those with relevant information (including but not limited to, physicians, hospitals, and my prior employers) to release such information to the Village of Grand River.

I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the interviewing or examination process, is grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I also understand that, if hired, my employment is to be “at will” and that either I, or my employer, may terminate my employment at any time, with or without cause, unless the “at will” arrangement is modified by a written agreement signed by both me, or my authorized representative, and by a duly authorized officer of the Village of Grand River.

\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_

Print Name \_\_\_\_\_ Address \_\_\_\_\_

**Authorization to conduct background check for release of confidential information and waiver of privacy rights**

Please read the following before signing:

I, \_\_\_\_\_, hereby authorize the Village of Grand River and its agents (Name of employee or prospective employee) or employees to conduct a background check on me, including in social media, and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in authorizing the Village to conduct such checks and searches, hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES the Village of Grand River and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information to the Village, and review of such information by the Village.

My signature below certifies that my responses on the Application for Employment are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures which may include:

1. Interviews
2. Urine drug screen
3. Urine test for nicotine
4. Criminal conviction record check
5. Pre-employment physical (if applicable to the position for which you are applying)
6. Education and reference checking
7. Motor vehicle record check
8. Testing (if applicable to the position for which you are applying)
9. Proof of identity and employment eligibility for work in the U.S.
10. Social media check

Compliance with the Village of Grand River’s Drug and Nicotine Testing Policy is a condition of employment. Therefore, all job offers are made with the understanding that prospective employees pass a drug and nicotine screening test prior to being hired.

I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, including I-9 forms, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Employee or Prospective Employee