

City of Cuyahoga Falls

Civil Service Commission

2310 Second Street

Cuyahoga Falls, Ohio 44221

Telephone: 330-971-8195

Fax: 330-971-8353



Steve Amos, Chairperson
Timothy Gorbach
Laurie Boveington
Commissioners

Thank you for your interest in employment with the City of Cuyahoga Falls. Please complete each section of the Employment Application before returning it to the Civil Service Office / Human Resources Department. Carefully review the checklist below to ensure you are submitting all proper documentation.

Please note this record of application will become a public record upon submission to the City of Cuyahoga Falls and will be subject to appropriate records requests.

FOR APPLICANT TO COMPLETE:

NAME : _____

POSITION APPLYING FOR: _____

APPLICATIONS MUST INCLUDE (Please check all appropriate boxes):

- Completed, signed, 3-page application form
- Non-refundable, \$25.00 Application Processing Fee, payable in Cash or Money Order (NO PERSONAL CHECKS)**
- Extra Credit Documents, if applicable.***

**If application processing fee is not received with application, it is considered incomplete and will be mailed back to the sender.

*** Extra credit documents must be submitted with application before the deadline.

Applications can be mailed to:

City of Cuyahoga Falls
Civil Service Office
2310 Second Street
Cuyahoga Falls, Ohio 44221

FOR CIVIL SERVICE USE ONLY

ID NUMBER: _____ PAID CASH MONEY ORDER

Grade Attained: _____ Document Viewed By: _____ Date: _____

Veterans Credit: _____

Specific Degree: _____

OPOTA: _____

Paramedic Certification: _____

TOTAL GRADE: _____ PLACEMENT: _____

CITY OF CUYAHOGA FALLS
APPLICATION FOR EMPLOYMENT
(PLEASE PRINT)

ID No: _____

Date: _____

Name _____ Social Security No. XXX-XX- _____ (last 4-digits only)

Position Applying For _____

Street _____ City _____ State _____ Zip _____

Primary Phone _____ Alternate Phone _____

Email Address _____

How were you referred? Newspaper Ad Website Self Current Employee School Other

Which newspaper/website? Akron Beacon Journal Record Publishing Monster.com Careerbuilder.com

Date available to begin work _____

EDUCATION

Check Years Completed: High School 1 2 3 4 College 1 2 3 4 5 6

High School _____ Degree Received? Yes No If no, GED Equivalent? Yes No

College _____ Degree Obtained _____ Major _____

Additional Education / Certificate _____ Degree / Certification Complete? Yes No

Additional Education / Certificate _____ Degree / Certification Complete? Yes No

MILITARY EXPERIENCE

Were you in regular U.S. Armed Forces? Yes No If yes, what branch? _____

SKILLS

Please list any special training, skills and experience. List any special construction and/or office equipment you can operate: _____

GENERAL INFORMATION

Are you legally authorized to work in the United States? Yes No

Are you below the age of 21? Yes No

Do you smoke or use other tobacco/nicotine products (such as chewing tobacco)? Yes No
(Effective January 1, 2005, the City of Cuyahoga Falls does not hire tobacco/nicotine users and is a smoke-free environment)

Do you have a valid Driver's License? Yes No

Do you have a CDL? Yes No If "yes," check correct type: Class A Class B

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodations? Yes No

Please describe any accommodations required: _____

Have you previously been employed here? Yes No If "yes," date _____

EMPLOYMENT HISTORY List most recent employer first. May we contact these employers? _____

Employer Name/Address	Employed From: To:	Supervisor's Name
Position Held	Duties	Reason for Leaving
Employer Name/Address	Employed From: To:	Supervisor's Name
Position Held	Duties	Reason for Leaving
Employer Name/Address	Employed From: To:	Supervisor's Name
Position Held	Duties	Reason for Leaving

REFERENCES

NAME AND ADDRESS	OCCUPATION	PHONE

The City of Cuyahoga Falls complies with all federal, state and local laws that prohibit discrimination, including, but not limited to, the following: (1) The Civil Rights Act of 1964 (Title VII) which prohibits discrimination of employment because of race, color, religion, sex, national origin or ancestry; (2) The Age Discrimination in Employment Act (ADEA) of 1967; (3) The Rehabilitation Act of 1973 and the Americans with Disabilities Act of 1990 which prohibit discrimination against persons with disabilities; and (4) Ohio Revised Code Chapter 4111.02.

I authorize the City of Cuyahoga Falls (its officers, agents, representatives or duly authorized employee) to make a thorough investigation of my past employment, and to verify all data given on this application. I also agree to cooperate in such investigations and release from all liability or responsibility all persons, companies or corporations supplying such information. If the position for which I am applying requires, as a condition of employment, the possession of a valid driver's license, I also authorize the City of Cuyahoga Falls to verify the validity of my driver's license and/or review the state's Motor Vehicle Registration Records.

I understand that all candidates are subject to a criminal background investigation. I release the City of Cuyahoga Falls from any and all liability that might result from conducting a background investigation. I acknowledge that I currently do not use tobacco/nicotine products and agree to refrain from using tobacco/nicotine products for the duration of my employment with the City of Cuyahoga Falls.

I understand that an offer of employment is contingent upon passing a drug, alcohol and nicotine screening and submitting to a physical examination, if required by City policy, and I consent to the examinations and such future examinations as may be required by the City of Cuyahoga Falls. If employed, I agree to provide proof of identity, relevant licensure or credentials, and authorization for employment in the United States.

I hereby certify that the facts set forth in this employment applications are true and complete to the best of my knowledge. I understand that if employed, any false or misleading statements on this application shall be considered sufficient cause for dismissal. By signing this agreement, I acknowledge that I have thoroughly read the above and that its terms and conditions are fully understood.

SIGNATURE (Do not type or print)

DATE

EEO/AE - The City does not discriminate on the basis of age, sex, race or color, national origin, sexual orientation, religion or disability.