

Steve Amos, Chairperson
Laurie Boveington
Julie Cooper
Commissioners

City of Cuyahoga Falls

Civil Service Commission
2310 Second Street
Cuyahoga Falls, Ohio 44221

Telephone: 330-971-8195
Fax: 330-971-8353



Thank you for your interest in becoming a Police Officer for the City of Cuyahoga Falls.

This application packet is for LATERAL ENTRY Police Officer hiring only.

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 Civil Service employment application
- ☐ Police Officer personal history statement
- ☐ Copy of OPOTC Certification
- ☐ Copy of diploma from accredited College or University (if applicable)
- ☐ Copy of form DD-214 or certificate of service (if applicable)

*** Documents must be submitted with application before the application 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.

PERSONAL HISTORY STATEMENT

EDUCATION

- 1 PROVIDE THE INFORMATION REQUESTED BELOW ON ALL SCHOOLS YOU HAVE ATTENDED SINCE THE NINTH(9th) GRADE, BEGINNING WITH THE MOST RECENT. BE SURE TO INCLUDE COLLEGES, UNIVERSITIES, BUSINESS OR TRADE SCHOOLS AND, IF RELAVENT TO THE POSITION FOR WHICH YOU ARE APPLYING, MILITARY SCHOOLS.

A.	NAME OF SCHOOL	ADDRESS OF SCHOOL	
	DATES ATTENDED TO	HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
B.	NAME OF SCHOOL	ADDRESS OF SCHOOL	
	DATES ATTENDED TO	HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
C.	NAME OF SCHOOL	ADDRESS OF SCHOOL	
	DATES ATTENDED TO	HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
D.	NAME OF SCHOOL	ADDRESS OF SCHOOL	
	DATES ATTENDED TO	HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
E.	NAME OF SCHOOL	ADDRESS OF SCHOOL	
	DATES ATTENDED TO	HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
E.	NAME OF SCHOOL	ADDRESS OF SCHOOL	
	DATES ATTENDED TO	HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO
E.	NAME OF SCHOOL	ADDRESS OF SCHOOL	
	DATES ATTENDED TO	HIGHEST GRADE COMPLETED	DID YOU GRADUATE? <input type="checkbox"/> YES <input type="checkbox"/> NO

- 2 DID YOU GRADUATE FROM HIGH SCHOOL AND RECEIVE A DIPLOMA? ☐ YES ☐ NO
- 3 DID YOU PASS A G.E.D.(GENERAL EDUCATIONAL DEVELOPMENT) TEST? ☐ YES ☐ NO ☐ N/A
- 4 DID YOU OBTAIN YOUR G.E.D. CERTIFICATE FROM THE ARMED FORCES? ☐ YES ☐ NO ☐ N/A

PERSONAL HISTORY STATEMENT

EDUCATION

5 IF YOU HAVE A G.E.D. CERTIFICATE, HAS IT BEEN PRESENTED TO A BOARD OF EDUCATION?

☐ YES ☐ NO ☐ N/A

6 IF YOU ANSWERED "YES" TO QUESTION #61, DID THAT BOARD PRESENT YOU WITH A H.S. DIPLOMA?

☐ YES ☐ NO ☐ N/A IF YES COMPLETE THE FOLLOWING:

NAME OF BOARD OF EDUCATION BOARD'S COMPLETE MAILING ADDRESS DATE DIPLOMA ISSUED

7 IF YOU ATTENDED COLLEGE, LIST YOUR AREA(S) OF CONCENTRATION:

8 WHAT, IF ANY, DEGREES HAVE BEEN CONFERRED UPON YOU, BEYOND THE HIGH SCHOOL LEVEL?

9 IF YOU ATTENDED COLLEGE, BUT DID NOT GRADUATE, PLEASE PROVIDE A BRIEF EXPLANATION.
ALSO, GIVE THE NUMBER OF SEMESTER (OR QUARTER) HOURS SATISFACTORILY COMPLETED.

10 HAVE YOU EVER BEEN DISMISSED OR EXPELLED FROM ANY SCHOOL OR COLLEGE FOR ANY ACADEMIC
OR DISCIPLINARY REASON?

☐ YES ☐ NO IF YES, GIVE FULL DETAILS BELOW:

PERSONAL HISTORY STATEMENT

EMPLOYMENT DATA

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DATES:		NAME OF EMPLOYER / FIRM / AGENCY:	
FROM	TO		
PLACE AN (X) IN ONE BOX:		ADDRESS OF EMPLOYER / FIRM / AGENCY:	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET	CITY STATE/ZIP
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTARY		
<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> UNEMPLOYED		
SUPERVISOR'S NAME:		TITLE:	PHONE: YOUR SALARY:
			\$
YOUR TITLE/POSITION:		DESCRIBE YOUR DUTIES (BRIEFLY) AND REASON(S) FOR LEAVING:	

12

DATES:		NAME OF EMPLOYER / FIRM / AGENCY:	
FROM	TO		
PLACE AN (X) IN ONE BOX:		ADDRESS OF EMPLOYER / FIRM / AGENCY:	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET	CITY STATE/ZIP
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTARY		
<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> UNEMPLOYED		
SUPERVISOR'S NAME:		TITLE:	PHONE: YOUR SALARY:
			\$
YOUR TITLE/POSITION:		DESCRIBE YOUR DUTIES (BRIEFLY) AND REASON(S) FOR LEAVING:	

13

DATES:		NAME OF EMPLOYER / FIRM / AGENCY:	
FROM	TO		
PLACE AN (X) IN ONE BOX:		ADDRESS OF EMPLOYER / FIRM / AGENCY:	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET	CITY STATE/ZIP
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTARY		
<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> UNEMPLOYED		
SUPERVISOR'S NAME:		TITLE:	PHONE: YOUR SALARY:
			\$
YOUR TITLE/POSITION:		DESCRIBE YOUR DUTIES (BRIEFLY) AND REASON(S) FOR LEAVING:	

PERSONAL HISTORY STATEMENT

EMPLOYMENT DATA

14

DATES:		NAME OF EMPLOYER / FIRM / AGENCY:	
FROM	TO		
PLACE AN (X) IN ONE BOX:		ADDRESS OF EMPLOYER / FIRM / AGENCY:	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET	CITY STATE/ZIP
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTARY		
<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> UNEMPLOYED		
SUPERVISOR'S NAME:		TITLE:	PHONE: YOUR SALARY:
			\$
YOUR TITLE/POSITION:		DESCRIBE YOUR DUTIES (BRIEFLY) AND REASON(S) FOR LEAVING:	

15

DATES:		NAME OF EMPLOYER / FIRM / AGENCY:	
FROM	TO		
PLACE AN (X) IN ONE BOX:		ADDRESS OF EMPLOYER / FIRM / AGENCY:	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET	CITY STATE/ZIP
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTARY		
<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> UNEMPLOYED		
SUPERVISOR'S NAME:		TITLE:	PHONE: YOUR SALARY:
			\$
YOUR TITLE/POSITION:		DESCRIBE YOUR DUTIES (BRIEFLY) AND REASON(S) FOR LEAVING:	

16

DATES:		NAME OF EMPLOYER / FIRM / AGENCY:	
FROM	TO		
PLACE AN (X) IN ONE BOX:		ADDRESS OF EMPLOYER / FIRM / AGENCY:	
<input type="checkbox"/> FULL TIME	<input type="checkbox"/> PART TIME	STREET	CITY STATE/ZIP
<input type="checkbox"/> TEMPORARY	<input type="checkbox"/> VOLUNTARY		
<input type="checkbox"/> INTERMITTENT	<input type="checkbox"/> UNEMPLOYED		
SUPERVISOR'S NAME:		TITLE:	PHONE: YOUR SALARY:
			\$
YOUR TITLE/POSITION:		DESCRIBE YOUR DUTIES (BRIEFLY) AND REASON(S) FOR LEAVING:	

PERSONAL HISTORY STATEMENT

EMPLOYMENT DATA

- 17 IF YOU ARE CURRENTLY UNEMPLOYED, ARE YOU RECEIVING, HAVE YOU APPLIED FOR OR DO YOU INTEND TO APPLY FOR:

A. EMPLOYMENT COMPENSATION	<input type="checkbox"/> YES	<input type="checkbox"/> NO
B. WELFARE PAYMENTS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
C. STRIKE BENEFITS	<input type="checkbox"/> YES	<input type="checkbox"/> NO
D. OTHER SOURCES OF INCOME	<input type="checkbox"/> YES	<input type="checkbox"/> NO

IF YOU CHECK (YES) TO ANY OF THE ABOVE, GIVE DETAILS, INCLUDING AMOUNTS RECEIVED OR TO BE RECEIVED AND THE NAME(S) OF THE ORGANIZATION(S) PROVIDING THE BENEFITS OR INCOME.

- 18 HAVE YOU EVER FILED A CLAIM FOR ANY OF THE ABOVE REASONS?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES, EXPLAIN, INCLUDING WHEN, WHERE, AND THE CIRCUMSTANCES.

- 19 HAVE YOU HAD ANY EXTENDED WORK ABSENCES FOR REASONS OTHER THAN EARNED VACATIONS?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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IF YES, EXPLAIN INCLUDING WHEN NAME OF EMPLOYER, AND WHY.

- 20 HAVE YOU:

- A. EVER BEEN DISCHARGED FROM EMPLOYMENT (FIRED) FOR ANY REASON?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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- B. EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO DISCHARGE (FIRE) YOU FOR ANY REASON?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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- C. EVER RESIGNED (QUIT) AFTER BEING INFORMED THAT YOUR EMPLOYER INTENDED TO TAKE ANY FORM OF DISCIPLINARY ACTION AGAINST YOU?

<input type="checkbox"/> YES	<input type="checkbox"/> NO
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- 21 IF YOU ANSWERED "YES" TO ANY OF THE ABOVE THREE QUESTIONS, GIVE FULL DETAILS ON A SEPARATE PIECE OF PAPER, INCLUDING THE NAME AND ADDRESS OF THE EMPLOYER, APPROXIMATE DATE(S) AND THE CIRCUMSTANCES IN EACH CASE.

I HEREBY CERTIFY THAT THE FACTS SET FORTH IN THIS PERSONAL HISTORY STATEMENT ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT IF EMPLOYED, ANY FALSE OR MISLEADING STATEMENTS ON THIS PERSONAL HISTORY STATEMENT SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE (Do not type or print)

DATE