Check for Civil Service Exam Application ☐
Check for Employment Application ☐

City of Cleveland

Department of Human Resources and Civil Service Commission Application
601 Lakeside Avenue
Cleveland, Ohio 44114

http://www.city.cleveland.oh.us **Job Hotline: (216) 664-2420**

It is the policy of the City of Cleveland to provide equal opportunity in employment and advancement to all qualified individuals without regard to race, color, religion, age, sex, national origin, ancestry, disability, genetic information, or sexual orientation. Discrimination is prohibited by federal law, state law, and City Ordinance.

TO BE CONSIDERED FOR EMPLOYMENT:

1) Fill out application completely and answer every question fully; 2) **Do not** put "refer to resume"; 3) **Be sure** to sign and date the application.

PERSONAL INFORMATION

Last Name	First Name	M.I.	Social Security Number

Address	City	State	County	Zip	Phone Number – Day Time

E-mail Address:

Do you have any relatives who are currently employed by the City of Cleveland? ☐ Yes ☐ No
Name: Department:

Are you eligible to work in the U.S.? ☐ Yes ☐ No Are you over 18 years old? ☐ Yes ☐ No

EMERGENCY CONTACT

Name	Address	City	State	Zip	Home/Business Phone

Relationship to you:

TYPE OF WORK DESIRED

Position Applied For:	Salary Required:	Date Available:

If this position requires, can you provide a Valid State of Ohio Driver's License or Commercial Driver's License? ☐ Yes ☐ No

If this position requires, do you own or have access to a properly registered and insured vehicle? ☐ Yes ☐ No

If interested in summer work, check **ONLY** this box: ☐ |Full-time| |Part-time| |Seasonal| |Overtime| |Holidays|

Otherwise, if required, are you available to work: ☐**Yes** ☐**No** ☐**Yes** ☐**No** ☐**Yes** ☐**No** ☐**Yes** ☐**No** ☐**Yes** ☐**No**

OFFICE USE ONLY

Application Approved	**Application Disapproved**
By	By
	Reason(s)
Date	Date

EMPLOYMENT HISTORY

List your present and most recent employer first. Include periods of time for the past ten (10) years* whether employed or unemployed, including volunteer work and active military service **(use additional forms, if necessary) DO NOT USE "REFER TO RESUME"**

***Note:** The Civil Service Commission recognizes and credits applicants who provide more than ten years on their Civil Service Exam application.

Name of Employer	Immediate Supervisor	Start Date	End Date

Employer Address	Employer Phone Number

Starting Position	Current/Ending Position	Starting Wage	Ending Wage

Was this position:	Full-time	Part-time (# of hours per week)	Paid	Volunteer (# of hours per week)

Description of Your Duties:

Reason for Leaving:

Name of Employer	Immediate Supervisor	Start Date	End Date

Employer Address	Employer Phone Number

Starting Position	Current/Ending Position	Starting Wage	Ending Wage

Was this position:	Full-time	Part-time (# of hours per week)	Paid	Volunteer (# of hours per week)

Description of Your Duties:

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Employer Address	Employer Phone Number

Starting Position	Current/Ending Position	Starting Wage	Ending Wage

Was this position:	Full-time	Part-time (# of hours per week)	Paid	Volunteer (# of hours per week)

Description of Your Duties:

Reason for Leaving:

MILITARY SERVICE RECORD

Branch of Service	Discharge Date and Rank	Type of Discharge	Time Served

Are you currently on active duty? If yes, please provide current pay stub or Leave Earning Statement (LES) ☐ **Yes** ☐ **No**

*** You must attach discharge papers, DD214 and/or other proof of services to receive credit if applicable.**

REFERENCES

Please list names and addresses of persons we may contact for a professional recommendation **(Do not list relatives)**

Name & Address	Telephone Number
Name & Address	Telephone Number
Name & Address	Telephone Number

EDUCATION & TRAINING

	Name of School, City & State	**Dates attended**	**Degree and Major**
High School*			
Business/Technical School			
College/University			
Graduate School			
Other			

* If you did not graduate, did you receive a G.E.D.? ☐ Yes ☐ No

Use this space for an explanation of additional skills, tools, licenses or specialized training you have received:

List computer software you can use proficiently:

Typing words per minute:

APPLICATION WILL NOT BE ACCEPTED IF THIS AFFIRMATION IS OMITTED

I affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief, and that intentional deception herein may be considered as sufficient cause for disqualification or dismissal if employed. I hereby waived all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attend, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they disclose such knowledge or information to the City of Cleveland. I hereby also consent to the release of all my police records concerning any arrest with subsequent convictions for crimes. I release these records to City of Cleveland, and waive any right to personal privacy I might have over the records.

I am applying for employment with the City of Cleveland. I understand that if employed, I agree to conform to the rules of the City of Cleveland. I also agree that I shall be subject to other conditions which the City of Cleveland may adopt.

"I affirm under oath, the statements made by me in this application are true, complete and correct to the best of my knowledge, and that I am aware that any false statement may be sufficient cause for **termination from employment with the City, exclusion from any examination** and/or the **removal of my name** from any eligible list established by the Cleveland Civil Service Commission as a result of an examination."

Signature of Applicant: _____ Date: _____

AUTHORIZATION TO DO BACKGROUND CHECK FOR RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER OF PRIVACY RIGHTS

Please read the following before signing:

I,_____, hereby authorize the City of Cleveland and its agents or employees to
(Name of employee or prospective employee)
conduct a background check on me and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in granting this application, hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES the City of Cleveland and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information.

> NOTE: Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, and personal characteristics. ROUTINE INQUIRIES MAY INCLUDE PERSONAL INTERVIEWS WITH FRIENDS, NEIGHBORS, REFERENCES AND PAST EMPLOYERS. Upon written request, additional information as to the nature and scope of a resulting report, if one is made, will be provided.

My signature below certifies that my responses on the Application for Employment/Civil Service Test Application 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 and pre-employment physical
3. Proof of identity and employment eligibility for work in the U.S.
4. Education and reference checking
5. Testing (if applicable to the position for which you are applying)
6. Criminal and motor vehicle record check
7. Consumer report check

In addition, I understand that any offer of employment will be contingent upon the results of a physical examination by authorized medical personnel of or for the City of Cleveland.

Compliance with the City of Cleveland's Drug Testing Policy is a condition of employment. Therefore, all job offers are made with the understanding that prospective employees pass a drug 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**

_____ _____
Date of Birth **Social Security Number**

_____ _____
Current Driver's License Number **Commercial Driver's License Type & Number**

CIVIL SERVICE TESTING

This notice is to inform all prospective City of Cleveland employees of the Civil Service testing requirement.

CIVIL SERVICE TESTING

If you have been hired by the City of Cleveland from a Civil Service list, your position status is “regular.” If not, your status is “temporary” and you are subject to testing through the Civil Service Commission. The Commission conducts examinations to determine your qualifications for the position for which you have been hired. If you do not pass the test or score sufficiently high enough to be appointed “regular,” your employment with the City of Cleveland may be terminated.

By signing below, I acknowledge the implications Civil Service testing may have on my future employment with the City of Cleveland.

_____ _____

Applicant’s Signature Date

CITY OF CLEVELAND
DEPARTMENT OF HUMAN RESOURCES
EQUAL EMPLOYMENT OPPORTUNITY

As an equal employment opportunity employer, the City of Cleveland adheres to all federal, state and local laws, rules and regulations as they pertain to equal employment opportunity and affirmative action. The information requested below will assist us in analyzing our affirmative action efforts. We ask that you complete the information below on a VOLUNTARY basis. Any inclusions or exclusions will NOT affect any application or employment decision. The data secured will be used for statistical purposes only and will be maintained in a separate confidential file.

(PLEASE PRINT) **DATE** _____
Month Day Year

NAME _____ _____
Last First M.I. Social Security Number

ADDRESS _____

POSITION APPLYING FOR _____

HOW DID YOU LEARN OF THIS OPENING? _____

CHECK ONE: ☐ **Male** ☐ **Female**

CHECK THE BOX OF THE RACIAL/ETHNIC CATEGORY TO WHICH YOU IDENTIFY:

☐ **White** ☐ **American Indian/Alaskan Native** ☐ **African American**

☐ **Asian/Pacific Islander** ☐ **Hispanic** ☐ **Other**

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

☐ **Vietnam Era Veteran** ☐ **Disabled Veteran** ☐ **Disabled Individual**

BIRTH DATE _____
Month Day Year