

APPLICANTS:

To aid in our Recruitment Outreach Program and remain within our Federal and State recordkeeping guidelines, we would appreciate your compliance in completing the voluntary information below.

This information is confidential, will be kept separate from your application and will not affect your consideration for employment.

Name (please print)

Name (signature)

Position Applying For

Date

Please check the applicable categories below.

- _____ 1. WHITE (Not of Hispanic origin) – Any person having origin in any of the original peoples of Europe, North Africa or the Middle East.
- _____ 2. BLACK – Any person having origin in any of the black racial groups of Africa.
- _____ 3. HISPANIC – Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- _____ 4. ASIAN OR PACIFIC ISLANDER – Any person having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.
- _____ 5. AMERICAN INDIAN OR ALASKAN NATIVE – Any person having origin in any of the original peoples of North America and also maintaining cultural identification through tribal affiliation and/or community recognition.
- _____ 6. HANDICAPPED – Any person with a permanent, irreparable, non-corrective impairment. Nature of handicap or impairment _____
- _____ 7. VIETNAM ERA VETERAN – A veteran, any part of whose active U.S. military service was during the period of August 5, 1964 through May 7, 1975, who (a) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than an honorable discharge, or (b) was discharged or released from active duty because of service connected disability. No veteran may be considered a veteran of the Vietnam Era under this paragraph after December 31, 1991.
- _____ 8. SPECIAL DISABLED VETERAN – A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Veteran's Administration (a) for a disability rated at 30% or more, or (b) rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap, or a person who was discharged or released from active duty because of service connected disability.
- _____ 9. ACTIVE DUTY VETERAN – OTHER THAN ABOVE – A person who served on active duty and who was discharged with other than a dishonorable discharge, but does not meet the definition in 7 or 8 above.

_____ MALE _____ FEMALE _____ FORTY OR OVER

CITY OF FAIRVIEW PARK
CIVIL SERVICE COMMISSION
FAIRVIEW PARK, OHIO

APPLICATION FOR EMPLOYMENT IN THE CLASSIFIED SERVICES

PRE-EMPLOYMENT QUESTIONNAIRE

Application for Police _____ or Fire _____ Department.

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State & Zip Code)

Current Operator's License:

(Number) (State) (Expiration date of license)

Last College Attended:

(Name) (Dates Attended)

Military Service:

(Name) (Dates of Service)

High School Graduation:

(Name) (Year) (Diploma)

IMPORTANT: Read instructions on next page before completing application.

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT INSTRUCTIONS

1. All answers to questions in the application must be typed or printed in ink.
2. Answer each question carefully and correctly.
3. Name of applicant must be the same both as to spelling and initials wherever it appears.
4. There must be absolutely no DISCREPANCIES OR OMISSIONS in the statements made herein, and if any false statement is knowingly made by applicant, or made at his request or with his knowledge, it shall be regarded as good cause for excluding applicant from the examination, or for removing his name from any register or eligibility list.
5. Remember that all answers are under oath.
6. The application must be presented by applicant in person or by a person designated by the applicant to the Civil Service Secretary at Fairview Park City Hall, Monday thru Friday from 9:00 a.m. to 4:00 p.m. It must be returned in the envelope provided no later than the legal deadline for filing.
7. Applicant must be a citizen of the United States.
8. All applicants must understand that they may be required to submit and agree to submit to a Polygraph Examination, Physical Examination and Agility Examination.
9. **ALL APPLICATIONS MUST BE SUBMITTED INTACT AND NOTARIZED ON PAGES 9 AND 10.**
10. ***Applicant must sign each page of the application where designated at the bottom of each page.***
11. To be eligible to sit for the examination, applicants MUST attach a photocopy of their OHIO DRIVER'S LICENSE and a photocopy of their HIGH SCHOOL DIPLOMA, or its equivalent.
12. The rules of the Fairview Park Civil Service Commission provide for the awarding of additional points as follows: Veteran (5 points); 4 year college degree (4 points); 2 year college degree (2 points); Current Ohio Peace Officer Certificate (2 points). For consideration of any of the above, you must submit a copy of your DD214 (for military service), diploma or certificate of completion as appropriate along with your application.

Name _____
(Last) (First) (Middle)

Address _____
(Street) (City) (State & Zip Code)

Previous Address: _____
(Street) (City) (State & Zip Code)

Phone Number _____
(Home) (cell)

Email _____

Date of Birth _____ Social Security Number _____
(Month-Day-Year)

Physical Description: Height _____ Weight _____

U.S. Citizen? Yes _____ No _____

Do you use intoxicating beverages? _____ If so, to what extent? _____

Are you now or have you ever been a user of Hallucinatory or Drugs of Abuse? _____

If so, to what extent? _____

List any physical limitations that preclude from performing any work for which you are being considered _____

Sight _____ Hearing _____ Speech _____

List all convictions including traffic in the last 10 years.

<u>Violation</u>	<u>Date</u>	<u>Location</u>	<u>Court</u>	<u>Disposition of Case</u>

Signature of Applicant _____

Have you ever been dismissed for disciplinary cause from any Public Service? _____

If so, date and agency _____

Were you ever dismissed for disciplinary reason by any Employer? _____

If so, date and reason _____

Have you ever filed an application for any position with the City of Fairview Park? _____

If so, date and position _____

Are you presently on any other Civil Service Eligibility List? _____

If so, where? _____

Have you had any education, training or experience in the field relating to the position for which you are applying? (List in detail)

(If additional space is needed, please use back of sheet)

(Please fill in)

Who referred you to this office?

Community Organization (name)

Newspaper (name)

State Employment Agency

Radio (name)

Walk-In

School or College (name)

Friend

Other (explain)

Signature of Applicant _____

EMPLOYMENT RECORD

List all Employers, starting with present place of employment:

<u>Occupation</u>	<u>Employer's Name & Address</u>	<u>Supervisor</u>	<u>Dates</u>
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EDUCATIONAL RECORD

<u>College or Institute</u>	<u>Address</u>	<u>Major</u>	<u>Dates</u>	<u>Diploma/Degree</u>
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<u>High School</u>	<u>Address</u>	<u>Dates</u>	<u>Diploma</u>
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<u>Primary Schools (Jr. High & Elementary)</u>	<u>Address</u>	<u>Dates</u>
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Signature of Applicant _____

IMPORTANT

INSTRUCTIONS FOR VOUCHER

1. The character voucher must be handwritten by, and signed by, the person vouching for the applicant.
2. Those vouching for the character of the applicant must be:
 - a. A Citizen of the State of Ohio.
 - b. Of good character and standing in their community.
 - c. Acquainted with the applicant for at least one (1) year.
3. Those vouching for the character of the applicant must not be:
 - a. Holders of any City, County or State Office (elected).
 - b. Members of applicant's immediate family (spouse, parents & siblings)
4. Questions must be answered accurately and completely. "Do not know" is not an acceptable answer.
5. Make no reference to politics or religion.
6. Any false or misleading statements or alterations of the voucher with the intent to deceive, will make the application void and bar the applicant from any further consideration.
7. Applicant must sign the voucher where indicated at the bottom of each page.

NOTE TO APPLICANT:

The persons who sign these vouchers will be asked to give detailed information concerning the applicant's ability and character. They should be willing, if asked, to supply further information. Failure of the voucher to supply requested information will be deemed a refusal, and such action will reflect on the applicant. The applicant therefore is advised to select persons who know them well and can readily supply the necessary facts.

Signature of Applicant _____

VOUCHER #1

IMPORTANT: Read instructions on Page 6 before proceeding.

The undersigned respectfully represents to the Civil Service Commission of the City of Fairview Park, Ohio that they can and do hereby testify that they know the applicant personally, and that the applicant is of good moral character, of sober and industrious habits, that they have never known the applicant to be guilty or convicted of any criminal act or disorderly conduct; and the undersigned further says that they consent that this certificate may be made public, and is willing to furnish any other information respecting the applicant which they may possess.

I, the undersigned, hereby certify that I am twenty-one years of age, by occupation a _____; that I am personally well-aquainted with the applicant herein; that all statements made by me in this voucher are in my own handwriting; that I have carefully read the answers of the applicant to the questions in this application and that they are true to the best of my knowledge and belief; that I consent that this certificate may be made public, and that I am willing to furnish any other information which I may possess respecting the applicant.

Questions

Answers

- | | |
|---|----------------|
| 1. How long have you known the applicant? | _____ years |
| 2. Are you related to the applicant? | _____ |
| 3. Do you know of any incident in the history of the applicant that might disqualify them for the position they seek? | _____ |
| 4. Is the applicant addicted to the use of Intoxicating beverages or drugs? | _____ |
| 5. Is the applicant of good reputation and industrious habits? | _____ |
| 6. Would you yourself trust the applicant with employment requiring undoubted honesty and courage? | _____ |
| 7. Was the applicant ever in your employ?
If so, for how long? | _____
_____ |

Date _____

Signature _____

Residence _____

Business Address _____

Phone-Home _____

Business _____

Signature of Applicant _____

VOUCHER #2

IMPORTANT: Read instructions on Page 6 before proceeding.

The undersigned respectfully represents to the Civil Service Commission of the City of Fairview Park, Ohio that they can and do hereby testify that they know the applicant personally, and that the applicant is of good moral character, of sober and industrious habits, that they have never known the applicant to be guilty or convicted of any criminal act or disorderly conduct; and the undersigned further says that they consent that this certificate may be made public, and is willing to furnish any other information respecting the applicant which they may possess.

I, the undersigned, hereby certify that I am twenty-one years of age, by occupation a _____; that I am personally well-acquainted with the applicant herein; that all statements made by me in this voucher are in my own handwriting; that I have carefully read the answers of the applicant to the questions in this application and that they are true to the best of my knowledge and belief; that I consent that this certificate may be made public, and that I am willing to furnish any other information which I may possess respecting the applicant.

<u>Questions</u>	<u>Answers</u>
1. How long have you known the applicant?	_____ years
2. Are you related to the applicant?	_____
3. Do you know of any incident in the history of the applicant that might disqualify them for the position they seek?	_____
4. Is the applicant addicted to the use of Intoxicating beverages or drugs?	_____
5. Is the applicant of good reputation and industrious habits?	_____
6. Would you yourself trust the applicant with employment requiring undoubted honesty and courage?	_____
7. Was the applicant ever in your employ? If so, for how long?	_____ _____

Date _____

Signature _____

Residence _____

Business Address _____

Phone-Home _____

Business _____

Signature of Applicant _____

WAIVER #1

I, _____, voluntarily, without threats duress, coercion, force, promises of immunity or reward, agree to submit to a polygraph examination, medical examination and physical agility test, for the mutual benefit of myself and the City of Fairview Park, Ohio.

I further waive my right to hold the City of Fairview Park, Ohio, or its agents liable in an action for any injury which may be incurred by me during the performance of the physical agility test.

STATE OF OHIO

:SS

CUYAHOGA COUNTY

_____, being first duly sworn, on their oath says that the statements made and subscribed by them in their foregoing application are true.

(Signature of Applicant)

Subscribed in my presence by the said affiant and by them sworn before me this

_____ day of _____ 20_____.

(Signature of Official)

(Official Title)

Signature of Applicant _____

WAIVER #2

AUTHORITY TO RELEASE INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or other authorized representative of the Fairview Park Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my medical records and arrest with conviction records.

This release is executed with full knowledge and understanding that the information is for the official use of the Fairview Park Police Department. I hereby release any custodian, officer or other employees, both individually and collectively, from any and all liability for associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of the release, you may contact me as indicated below:

Signature

Full name – typed or printed

Date

Current address

Telephone number

Witness

STATE OF OHIO
CUYAHOGA COUNTY

_____, being first duly sworn, on their oath says that the statements made and subscribed by them in his foregoing application are true.

Signature of Applicant

Subscribed to in my presence by the said affiant and by them sworn to before me this _____
day of _____, 20_____.

Signature of Official

Signature of Applicant

Official Title