



## EMPLOYMENT APPLICATION

One Public Square  
Willoughby, Ohio 44094  
(440) 951-2800  
www.willoughbyohio.com

EQUAL OPPORTUNITY EMPLOYER (EOE)

**POSITION(S) APPLIED FOR:** \_\_\_\_\_

Type of employment desired:  Full-time  Part-time  Temporary  Seasonal  Intern/Educational Co-Op

Name: *Last* \_\_\_\_\_ *First* \_\_\_\_\_ *M.I.* \_\_\_\_\_

Mailing Address: *Street* \_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *Zip Code* \_\_\_\_\_

Telephone Number: ( ) \_\_\_\_\_ E-Mail address: \_\_\_\_\_

Best time to call you: \_\_\_\_\_ Date available to start: \_\_\_\_\_ Salary Requirements: \_\_\_\_\_ hour/year

Can you perform the essential functions of the job with or without reasonable accommodation?  YES  NO

Are you legally eligible to be employed in the United States?  YES  NO  
*(Proof of identity and eligibility will be required upon employment)*

Are you at least 18 years of age or older?  YES  NO  
*(If no, you may be required to provide authorization to work)*

Have you filed an application with the City of Willoughby before?  YES  NO  
*If yes, give date: \_\_\_\_\_ Position applied for: \_\_\_\_\_*

Have you even been employed by the City of Willoughby?  YES  NO  
*If yes, give department and dates: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_*

Do you have any relatives now employed by the City of Willoughby?  YES  NO  
*If yes, give name, department and relationship: \_\_\_\_\_*

Pre-employment testing may be a condition of employment, check YES to confirm understanding  YES  NO  
*(employment physical, drug test, background screening, etc.)*

Are you currently on a lay-off and subject to recall?  YES  NO

Do you have a reliable means of transportation?  YES  NO

Are you able and willing to work weekends, including Sunday, if required?  YES  NO

**If you answer YES to following questions below, please give details on bottom of Page Two.**

Have you even been:  
• discharged or asked to resign from any position on the basis of conduct or performance?  YES  NO

# Educational Background

HIGHEST SCHOOL YEAR COMPLETED:

Elementary  
1 2 3 4 5 6 7 8

High  
9 10 11 12

College/University  
1 2 3 4

Graduate/Professional  
1 2 3 4

School Name & Address		Diploma/ Degree	Course	GPA/ Rank
High or Trade School				
Business or Technical				
College or University			Major:	
Graduate School/Other			Major:	

If you did not receive a diploma from a high school, did you receive a high school equivalency diploma (GED)?  YES  NO

Number: \_\_\_\_\_

Granting Agency: \_\_\_\_\_

# References

List three persons, other than supervisors listed on Page Three, who are not related to you by blood or marriage, whom we are free to contact and who have knowledge of your character, experience, and/or ability. Persons familiar with your present or past job performance are strongly preferred.

Full Name	Complete Business or Home Address	Occupation	Phone No.

**This space may be used to explain your answers to any items on this application.**

**(Additional sheets may be used if necessary.)**

# Employment History

In the space provided below, give a complete record of employment for not less than the past 15 years, if available, beginning with your present or most recent employment and working back. Account for all periods, including self-employment, unemployment and service with the U.S. Armed Forces. Use additional sheets if necessary.

Employer	Telephone ( )	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Starting Salary \$ Per	
Job Title(s)		Final Salary \$ Per	
Immediate Supervisor and Title		Did you receive any promotion?	
Reason for leaving		May we contact for reference? Yes No	
Employer	Telephone ( )	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Starting Salary \$ Per	
Job Title(s)		Final Salary \$ Per	
Immediate Supervisor and Title		Did you receive any promotion?	
Reason for leaving		May we contact for reference? Yes No	
Employer	Telephone ( )	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Starting Salary \$ Per	
Job Title(s)		Final Salary \$ Per	
Immediate Supervisor and Title		Did you receive any promotion?	
Reason for leaving		May we contact for reference? Yes No	
Employer	Telephone ( )	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address		Starting Salary \$ Per	
Job Title(s)		Final Salary \$ Per	
Immediate Supervisor and Title		Did you receive any promotion?	
Reason for leaving		May we contact for reference? Yes No	

# Special Qualifications and Skills

A. Do you have a valid driver's license:     YES             NO  
If yes, Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_ Type of License:  Regular     Commercial (CDL)

B. Approximate number of words per minute:    Typing \_\_\_\_\_            Shorthand \_\_\_\_\_

C. List licenses, registrations or certifications which you possess and also, noting the state or other licensing authority which granted it:

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D. List any special machines or equipment which you are skilled in operating:

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E. List any computer experience you have:

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F. Give any other special qualifications not covered elsewhere in your application, such as:

(1) your publications (2) your patents or inventions (3) public speaking and public relations experience (4) membership in professional, trade, civic, or scientific organizations (5) honors and fellowships (6) awards and accolades

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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 City of Willoughby to investigate the facts submitted; and for those with relevant job related information to release such information to the City of Willoughby and hereby release such individuals, organizations and the City of Willoughby from any and all liability for any claim or damage resulting therefrom.

I understand and agree that any falsification or omission, either on this form or other employment forms 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 City of Willoughby.

**Signature:**

**Date Signed:**

**Thank you for considering the City of Willoughby for an employment opportunity!**

## PART-TIME APPLICATION

WHEN COMPLETING YOUR APPLICATION MAKE SURE ALL ITEMS LISTED BELOW ARE INCLUDED:

1.  Copy of Ohio State issued card for: EMT or EMT-P Certification (EMT minimum).
2.  Copy of Ohio State issued card for: Fire Fighting Certification (minimum FF-1).
3.  Copy of Emergency Vehicle Operations Certificate (if completed).
4.  Copy of NIMS ICS-100, 200 & 700 Certificate (if completed).
5.  Copy of High School Diploma or High School equivalency.
6.  Provide your driver's license number and date of expiration.
7.  If you have successfully completed Cuyahoga Community College Firefighter's Agility Test within the last 365 days, include a copy of the certificate. **(Qualifying Time: 4 minutes and 30 seconds or less)**
8.  Make sure all previous employment areas are filled out completely, including complete addresses (zip codes) and supervisor's first and last name. If available, provide a phone number.
9.  Three references, (not previous employer), including first and last name and complete address (zip code). If available, provide a phone number.
10.  Make sure both waiver forms are filled out completely and signed. The waiver for background and drug screening **must be notarized.**
11.  Sign and date the application on the last page.

**PLEASE ENSURE ALL ITEMS REQUESTED ABOVE ARE INCLUDED IN YOUR APPLICATION PACKET**

Any additional certifications you wish to include are welcome, but the above are the **minimum** requirements that must be filed with the application.

Thank you for taking the time to complete the application.

## PRE-EMPLOYMENT INQUIRY RELEASE

In connection with my employment (including contract for services) with you, I understand that investigative background inquiries are to be made on myself including consumer, criminal, driving and other reports. These reports will include information as to my character, work habits, performance and experience along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various federal, state and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as, claims involving me in the files of insurance companies.

I authorize, without reservation, any party or agency contacted by this employer to furnish the above mentioned information.

Print Full Name:		
Social Security #:	Date of Birth**	
Current Address:		
City, State & Zip:		
Driver's License No.:	Expiration Date:	State:
Applicant's Signature:		Date:
Prospective Employer:		

\*\*Date of birth is being requested in order to obtain accurate retrieval of records.

# WAIVER OF PERSONAL AND POLICE RECORDS

## CONSENT FOR MEDICAL EXAM WITH ALCOHOL AND DRUG SCREENING

I realize that the Willoughby Fire Department will be making inquiries of other agencies, including school authorities, prior employers, credit agencies, personal references and Law Enforcement Agencies with whom I may have an arrest or conviction record, etc., to provide information about me which the Willoughby Fire Department desires. I hereby give my permission and waive all provisions of law forbidding any agency, including school authorities, prior employers, credit agencies, personal references, courts, Sheriff's Departments, Police Departments and other Law Enforcement Agencies including the Ohio Bureau of Identification and Investigation, etc. from disclosing any knowledge or information they have concerning me which is requested or desired by the Willoughby Fire Department, I further consent and request the Chief of the Willoughby Fire Department or his representative, be provided with a copy of any such information or record concerning me which they desire.

I recognize the right of the Willoughby Fire Department to treat, at its discretion certain sources as confidential, and its right to withhold from me or my agent the names of such confidential sources, and the information obtained therefrom.

I hereby give my consent to the City of Willoughby and/or assigned laboratory to collect blood, urine, or saliva samples from me to determine the presence or use of alcohol or drugs. I further consent to the release of the results and other relevant medical information to the Willoughby Fire Department and Civil Service Commission for appropriate review. I understand that the test results will be released to me at my request. I understand that a confirmed finding of the presence or use of alcohol or illegal drugs will disqualify me for employment with the City of Willoughby.

\_\_\_\_\_  
(Signature)

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) SSN: \_\_\_\_\_

Before me appeared the above signatory \_\_\_\_\_ who acknowledges that he/she did understand the above waiver, release and consent that such signing was the free act and deed of said applicant.

Sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ at

\_\_\_\_\_.

\_\_\_\_\_  
Notary Public

(SEAL)