CITY OF PARMA
APPLICATION FOR EMPLOYMENT
FULL TIME

Applicants may request reasonable accommodation in the application/interview process.

PLEASE PRINT

NAME: _____
LAST FIRST MIDDLE

ADDRESS: _____
STREET CITY STATE ZIP CODE

TELEPHONE: _____ Email Address: _____

APPLICATION DATE: _____ VETERAN: Yes ☐ No ☐ Branch of Service _____

ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? Yes ☐ No ☐

PERSONAL DATA

Position(s) desired: _____
Date available to start: _____

Have you previously applied for a job with the City of Parma? Have you ever been employed by the City of Parma? Yes ☐ No ☐ When: _____
Yes ☐ No ☐ When: _____
Reason for leaving? _____

Do you have any time commitments that might interfere with your employment? (e.g. subject to recall, school) Yes ☐ No ☐
If yes, please explain _____

Have you ever been employed by another public employer in Ohio? Yes ☐ No ☐
If yes, provide place and dates of service _____

Are you able to perform the essential functions of the job(s) for which you are applying with or without reasonable accommodation? (Should there be a question, please refer to the job description.) Yes ☐ No ☐

Have you ever been dismissed from or asked to resign from any employment position? Yes ☐ No ☐
If yes, please explain: _____

Have you ever been convicted of a felony? Yes ☐ No ☐
If yes, please explain: _____

If you are applying for a position that requires a driver's license or a commercial driver's license to perform the essential duties of the job, please answer the following:

Do you have a valid Ohio driver's license? Yes ☐ No ☐

Do you have a valid Ohio commercial driver's license? Yes ☐ No ☐

Have you been arrested for any traffic-related incidents? Yes ☐ No ☐

Has your driver's license been suspended or revoked within the last three (3) years? Yes ☐ No ☐

Have you had your auto insurance rejected, cancelled, or been in a high risk insurance program? Yes ☐ No ☐

Have you ever been involved in any accident, either at fault or not at fault? Yes ☐ No ☐

Have you had any traffic violations in the past three (3) years? Yes ☐ No ☐

If yes, please list:

OFFENSE	APPROXIMATE DATE/YEAR

If employed, why do you wish to leave your present employer?

_____

_____

May we contact your present employer for a reference? Yes ☐ No ☐

Describe briefly the type of work that you are best qualified to do by reason of background, education, previous employment or training, and tell why you feel qualified for the position(s) for which you are applying:

_____

_____

List professional organization memberships and offices held, **excluding** those which would indicate race, color, religion, sex, age, national origin, political affiliation, disability and/or ancestry:

_____

_____

List any licenses held: (e.g. Building Class I, II, III, P.E., P.S., Haz Mat, CDL endorsement) _____

_____

EDUCATIONAL DATA

NAME OF SCHOOL OR COLLEGE	LOCATION CITY, STATE, ZIP	MAJOR SUBJECT/DEGREE	SCHOLASTIC AVERAGE	DID YOU GRADUATE?
HIGH SCHOOL				
COLLEGE OR UNIVERSITY				
OTHER SCHOOLS ATTENDED				
OTHER (SPECIFY)				

EMPLOYMENT DATA

List all previous employment for the last ten (10) years in chronological order – last position first – including U.S. Military. Attach additional pages if needed or resume if desired.

EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM TO	POSITION (S) HELD	SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		
EMPLOYER		TELEPHONE
ADDRESS		FINAL SALARY
DATES EMPLOYED FROM TO	POSITION(S) HELD	SUPERVISOR
REASON FOR LEAVING		

PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

Applicants for employment with the City of Parma are evaluated and selected on the basis of individual merit and ability with respect to the position being filled. Applicants are selected and hired without consideration of race, color, religion, sex, age, national origin, political affiliation, disability or ancestry.

CERTIFICATION

I certify that all information contained in this application is true, complete and correct to the best of my knowledge. I understand that any material omission, misrepresentation or falsification of this information is grounds for dismissal from or refusal of employment. I hereby authorize the investigation of all statements contained in this application and give permission to contact all or any of my previous employers, references and/or schools for information unless otherwise noted in this document, including permission to obtain information related to my prior work history. I also give my consent to contact the Bureau of Motor Vehicles for a Moving Vehicle Violation Report if such information is required to perform the duties of the position. I indemnify and hold harmless all persons either providing or receiving information, verbal or written, pursuant to this application.

I acknowledge that employment commences only when the Auditor places my name on the payroll of the City of Parma. If hired as a seasonal/temporary employee, I understand I will not be entitled to any sick leave.

APPPLICANT'S SIGNATURE DATE

If under the age of 18, the following needs to be completed (per ORC Section 4109.02): I am the parent and/or legal guardian of: _____. I hereby give my permission and consent for him/her to be employed by the City of Parma.

PARENT AND/OR GUARDIAN SIGNATURE DATE

Applications will be kept on file by the City of Parma for a period of two years in a job bank; however, an Applicant must submit a new application each time he/she wishes to be considered for a different position.

FOR INTERNAL USE ONLY

ARRANGE INTERVIEW: Yes ☐ No ☐

REMARKS: _____

INTERVIEWER'S SIGNATURE DATE

EMPLOYED: Yes ☐ No ☐ STARTING DATE: _____ STARTING RATE: _____

JOB TITLE: _____

Ethnic Self-Identification/Applicant Flow and Recruiting Sources Form

Each applicant for employment and each employee is required to complete this form. The information will be used for purposes of our recruiting program only and will not be available to the person selecting candidates for employment.

Name:_____ Date:_____

Municipality of residence:_____

Position(s) for which Application obtained:_____

Ethnic Identification:	White	African American/Black
(Circle one)	Hispanic	American Indian or Pacific Islander
	Asian	

Gender Identification:	Male	Female
(Circle one)		

I learned of this job opportunity through:

Friend/Relative (If so, names and addresses) _____

_____

_____

Newspaper Advertisement _____ (Specify Paper)

Radio Advertisement_____(Specify Station)

Cable T.V._____(Specify Station)

Physical Posting at _____(Specify Place)

Listing with_____(Specify listing service)