

**CITY OF PARMA**  
**APPLICATION FOR EMPLOYMENT**

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

**PLEASE PRINT**

NAME: _____			
LAST	FIRST	MIDDLE	
ADDRESS: _____			
STREET	CITY	STATE	ZIP CODE
TELEPHONE: _____			
APPLICATION DATE: _____		VETERAN: Yes <input type="checkbox"/> No <input type="checkbox"/> Branch of Service _____	
<b>IF A MINOR, PROVIDE DATE OF BIRTH:</b> _____			
ARE YOU LEGALLY PERMITTED TO WORK IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>			

**PERSONAL DATA**

Position(s) desired: \_\_\_\_\_ Full-Time  Part-Time

Date available to start: \_\_\_\_\_

Have you previously applied for a job with the City of Parma? Yes  No  When: \_\_\_\_\_

Have you ever been employed by the City of Parma? 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: \_\_\_\_\_

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

**PERSONAL REFERENCES OTHER THAN FORMER EMPLOYERS AND RELATIVES**

NAME	ADDRESS AND TELEPHONE	OCCUPATION
1.		
2.		
3.		

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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.

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**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.**

\_\_\_\_\_  
APPLICANT'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: \_\_\_\_\_  
\_\_\_\_\_

City of Parma, 6611 Ridge Road, Parma, OH 44129 PH: (440) 885-8167

**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:

(Circle one)

White

Hispanic

Asian

African American/Black

American Indian or Pacific Islander

Gender Identification:

(Circle one)

Male

Female

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)





**CITY OF PARMA**  
**AMERICANS WITH DISABILITIES DOCUMENTATION**

APPLICANT'S NAME:  
Position applied for:

DATE:

Did applicant voluntarily state that he/she has a disability? Yes  No

APPLICATION PROCESS ACCOMMODATION

Did applicant request accommodation in order to complete application process? Yes  No

Was documentation of the disability provided? Yes  No

What accommodation was requested?  
\_\_\_\_\_  
\_\_\_\_\_

Describe what accommodation was provided:  
\_\_\_\_\_  
\_\_\_\_\_

JOB RELATED TESTING PROCESS ACCOMMODATION

Did applicant request accommodation in order to complete job related tests? Yes  No

What accommodation was requested?  
\_\_\_\_\_  
\_\_\_\_\_

Describe what accommodation was provided:  
\_\_\_\_\_  
\_\_\_\_\_

Test results:  
\_\_\_\_\_  
\_\_\_\_\_

INTERVIEW PROCESS (Where applicable)

Did applicant request accommodation in order to complete the interview process? Yes  No

What accommodation was requested?  
\_\_\_\_\_  
\_\_\_\_\_

Describe what accommodation was provided:  
\_\_\_\_\_  
\_\_\_\_\_

Was applicant determined to be qualified for the job? Yes  No

Was applicant determined to be the most qualified applicant for the job? Yes  No

If applicant was determined to be not qualified for the job, state the reasons:  
\_\_\_\_\_  
\_\_\_\_\_

Describe any accommodations that will be made for this employee (include any accommodations that the employee has voluntarily agreed to provide):  
\_\_\_\_\_  
\_\_\_\_\_

If the employee cannot be reasonably accommodated, indicate the reason:  
\_\_\_\_\_  
\_\_\_\_\_



**City of Parma  
DRIVER CONSENT FORM**

To be included in the application for all prospective new employees required to obtain a Commercial Driver's License as an essential function of the job.

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Applicant's name

\_\_\_\_\_

First                      Middle                      Last

Ohio CDL Number

\_\_\_\_\_

Position applied for:

\_\_\_\_\_

I understand that as a condition of employment, and pursuant to the Federal Motor Carrier Safety Regulations, I must have a current and valid Ohio Driver's License and an acceptable driving record which meets the standards of the City's auto liability insurer. I understand that I must provide, with my application, proof of personal auto liability insurance that meets the requirements of the State of Ohio and existing City minimum requirements.

I further agree that, pursuant to Section 382.413, the City of Parma may obtain information on any previous alcohol tests with a concentration result of 0.04 or greater, positive controlled substances test results, and any refusals to be tested within the preceding two years that are maintained by my previous employer.

I further agree that the City of Parma as my employer may check my driving record at any time. I agree to report to my supervisor any accidents, arrests, suspensions, or cancellations of personal insurance as soon as possible after they occur and prior to driving any vehicle on behalf of the city.

I understand all of the above and agree to all requirements. I further attest that all statements made by me in this report are true to the best of my knowledge.

\_\_\_\_\_

Applicant

\_\_\_\_\_

date