



**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: _____

APPLICATION DATE: _____ VETERAN: YES NO BRANCH OF SERVICE _____

IF A MINOR, PROVIDE DATE OF BIRTH: _____

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? 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? (i.e., 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, please provide the name of the employer and dates of service: _____

Are you able to perform the essential function 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: _____

If you are applying for a position that requires a driver's license or 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 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

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 and/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 (i.e., 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 service. 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:
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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.

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:

Interviewer's Signature

Date

Employed: Yes No Starting Date: _____ Starting Rate of Pay: _____

Job Title: _____

APPLICANT OR NEW HIRE SELF-IDENTIFICATION

INSTRUCTIONS

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

Anti-Discrimination Notice. It is an unlawful employment practice for an employer to fail or refuse to hire or discharge any individual, or otherwise to discriminate against any individual with respect to that individual's terms and conditions of employment, because of such individual's race, color, religion, sex, or national origin.

The City of Parma is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the City of Parma invites applicants and employees to voluntarily self-identify their race and ethnicity.

Submission of this information is voluntary, and refusal to provide it will not subject you to any adverse treatment. The information will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported data will not identify any specific individual.

INVITATION TO SELF-IDENTIFY
PLEASE ANSWER THE FOLLOWING QUESTION

What is your race/ethnicity? You may mark **ONLY ONE** box.

_____ **Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.

_____ **White (Not Hispanic or Latino):** a person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino):** a person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino):** a person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino):** a person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino):** a person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino):** All persons who identify with more than one of the above five races.

Gender:

_____ Male _____ Female

Position(s) for which applicant applied: _____