

CITY OF RITTMAN

Employment Application



The City of Rittman is an equal opportunity employer. The City does not discriminate against an applicant or employee on the basis of race, color, creed, sex, marital status, religious belief, national origin, age, genetic information or disability.

APPLICANT INFORMATION									
Last Name			First			M.I.		Date	
Street Address						Apartment/Unit #			
City			State			ZIP			
Phone			E-mail Address						
Previous Address:									
Date Available					Desired Salary				
Position Applied for									
Are you legally permitted to work in the United States?						YES <input type="checkbox"/> NO <input type="checkbox"/>			
Are you at least 18 years old? YES <input type="checkbox"/> NO <input type="checkbox"/>						If not how old?			
Have you ever worked for this company?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		If so, when?		
Do you have a valid Driver's License?			YES <input type="checkbox"/>		NO <input type="checkbox"/>		Do you have access to reliable vehicle? YES <input type="checkbox"/> NO <input type="checkbox"/>		
EDUCATION									
High School			Address						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College			Address						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other			Address						
From		To	Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
REFERENCES									
<i>Please list three professional references.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									

PREVIOUS EMPLOYMENT

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

For office use only:

Start date: _____

Hourly Rate: _____

DISCLAIMER AND ACKNOWLEDGEMENT OF TERMS AND CONDITIONS OF APPLICATION AND SIGNATURE

Please read each of the following paragraphs carefully. Indicate your understanding of, and consent to, the contents and conditions of each by placing your initials at the end of each paragraph. If you have any questions regarding one or more paragraphs, contact the employer before initialing.

1. I understand and accept that, if I am selected for employment, my employment may be conditioned upon my passing any medical/psychological examination that the employer deems necessary to determine whether I can perform the essential functions of the position, with reasonable accommodation when necessary. I consent to this testing and further give my consent for the release of such results and other medical information to authorized personnel of the City of Rittman.

Initials: _____

2. I understand and agree that I may be required to take a pre-employment drug and/or alcohol screening and testing to determine my suitability for employment. I consent to this testing and further give my consent for the release of such results and other medical information to authorized personnel of the City of Rittman. I UNDERSTAND THAT MY COMPLETION OF AND THE PASSING OF SUCH TEST ARE A CONDITION OF EMPLOYMENT.

Initials: _____

3. I understand and accept that given the duties and responsibilities of the employer, I may be required to work weekends, evening hours, or at other times as determined by the employer, including overtime hours.

Initials: _____

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background. In making this application for employment, I authorize you to make an investigative consumer report whereby information is obtained through personal interviews with my neighbors, friends, or others with whom I am acquainted. This inquiry, if made, may include information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to make a written request within a reasonable period of time to receive additional detailed information about the nature and scope of any such investigative report that is made.

Initials: _____

5. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that, if I am employed by the employer, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: _____

6. I hereby authorize the employers, schools, and personal/professional references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.

Initials: _____

READ CAREFULLY BEFORE SIGNING*

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH THE CITY OF RITTMAN MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.

Applicant's Signature

Date

WITNESS:

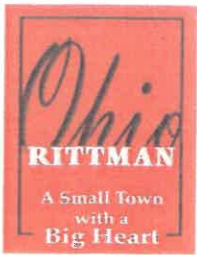
SIGNATURE

DATE

FAILURE TO SIGN THE ABOVE CONSENT ENDS THE EMPLOYMENT PROCESS

RITTMAN POLICE DEPARTMENT APPLICATION

PLEASE ATTACH A COPY OF YOUR DRIVERS LICENSE



Rittman Police Department

33 East Ohio Avenue
Rittman, Ohio 44270-1551
(330) 925-8040 Fax: (330) 925-6646
www.rittmanpolice.org

MIKE BURG
Chief of Police
mburg@rittman.com



DATE: _____

I, _____ HEREBY AUTHORIZE THE RITTMAN POLICE DEPARTMENT TO MAKE INQUIRIES REGARDING MY BACKGROUND INCLUDING THE FOLLOWING:

1. COMPUTERIZED CRIMINAL HISTORY CHECKS WITH JUVENILE AND ADULT AGENCIES
2. PRIOR EMPLOYMENT INQUIRIES, INCLUDING PERSONNEL RECORDS, MEDICAL RECORDS, PSYCHOLOGICAL TESTING AND RECORDS, EVALUATIONS AND PERSONAL OPINION OF PAST AND CURRENT EMPLOYMENT.
3. INTERVIEWS WITH SCHOOL OFFICIALS, NEIGHBORS, AND OTHER REFERENCES.

SIGNATURE

DATE

WITNESS

DATE

IF YOU DO NOT WISH US TO CONTACT A CURRENT EMPLOYER UNTIL WE HAVE NOTIFIED YOU OF OUR INTENTION TO DO SO, PLEASE LIST THAT EMPLOYER ON THIS LINE.

Verification Sheet

City of Rittman – Civil Service Commission

Name of Applicant: _____

Possess a valid training certificate from the Ohio Peace Officer Training Council showing that you have been certified as a police officer in the State of Ohio. Or a letter from the Ohio Peace Officer Training Council stating that you will have successfully completed the Peace Officer Basic Training Course by the end of January 2019.

This certification must be attached to the application when returned by the deadline to be eligible.

Applicant's Signature: _____

Date: _____

Verification Sheet
City of Rittman - Civil Service Commission

Military Service – (VA points)

Name of Applicant _____

Branch of Service on Active Duty _____

Dates of Active Duty _____

Honorable Discharge? _____ Yes _____ No

A copy of your discharge paper must be attached to this document in order for you to receive extra credit points for Military Service. Applicants without this form or without a copy of the discharge paper will not receive extra credit. Military Service points will only be issued to applicants who have served with the military full time and who were discharged honorably.

Date _____

Applicant's Signature

Verification Sheet
City of Rittman - Civil Service Commission

College Education:

IN ORDER TO RECEIVE EXTRA CREDIT POINTS FOR COLLEGE EDUCATION FROM THE RITTMAN CIVIL SERVICE COMMISSION YOU MUST FILL OUT THIS FORM COMPLETELY AND RETURN IT ATTACHED TO YOUR APPLICATION.

Name of Applicant _____

Name the college or university attended. (The North Central Association of Colleges and Schools or another affiliated region of the same organization must accredit the school.)

List name of college degree obtained:

2-Year Degree _____

4-Year Degree _____

Graduate Degree _____

A copy of each degree or diploma must be attached to this form in order to receive extra points for college education. Applications with no copies attached or filed after the deadline will not receive credit points.

Date _____

Applicants Signature

Verification Sheet

City of Rittman – Civil Service Commission

Rittman Police Part-Time Officer Credit

In order to receive five (5) extra points credit for currently being a member of the Rittman Police Department in the capacity of Part-Time Officer, you must fill out this form completely and attach it to your application by the deadline.

Name _____

Date of Commission _____

Attach a copy of your current Rittman Police Department identification card to this document.

Applicant _____

Date _____

Verification Sheet
City Civil Service Commission

Physical Agility Test:

IN ORDER TO RECEIVE EXTRA CREDIT POINTS FOR HAVING COMPLETED THE PHYSICAL AGILITY TEST FROM THE RITTMAN CIVIL SERVICE COMMISSION YOU MUST FILL OUT THIS FORM COMPLETELY AND RETURN THE CERTIFICATE ATTACHED TO YOUR APPLICATION (CERTIFICATE MUST NOT BE MORE THAN A YEAR OLD).

Name of Applicant _____

A copy of the physical agility test certificate must be attached to this form in order to receive extra points for the agility test. Test must have been completed within the last year. Applications with no copies attached or filed after the deadline will not receive credit points.

Date _____

Applicants Signature