

For City Use Only



Interview:
Background Check:
Physical/Drug Screen:
Psychological:
Start Date:
Pay Rate:

3760 Darrow Road, Stow, Ohio 44224
City Hall: 330.689.2700

ANSWER ALL QUESTIONS ON THIS APPLICATION, DO NOT WRITE "SEE RESUME"

EQUAL EMPLOYMENT POLICY

The City of Stow provides equal employment opportunities to all employees and applicants for employment and prohibits discrimination and harassment of any type without regard to race, color, religion, age, sex, national origin, disability status, genetics, protected veteran status, sexual orientation, gender identity or expression, or any other characteristic protected by federal, state or local laws. This policy applies to all terms and conditions of employment, including recruiting, hiring, placement, promotion, termination, layoff, recall, transfer, leaves of absence, compensation and training.

PERSONAL INFORMATION

LAST NAME	FIRST NAME	MAIDEN/ALIAS	MIDDLE INITIAL
HOME ADDRESS	CITY	STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	EMAIL ADDRESS	
DO YOU HAVE A WORK PERMIT (IF UNDER 18 YEARS OF AGE)? YES <input type="checkbox"/> No <input type="checkbox"/>	DO YOU HAVE A VALID DRIVER'S LICENSE? Yes <input type="checkbox"/> No <input type="checkbox"/> DRIVER'S LICENSE NUMBER		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? Yes <input type="checkbox"/> No <input type="checkbox"/>	HAVE YOU APPLIED FOR ANOTHER POSITION WITH THE CITY WITHIN THE LAST YEAR? Yes <input type="checkbox"/> No <input type="checkbox"/> WHAT POSITION?		
DO ANY OF YOUR RELATIVES WORK FOR THE CITY? Yes <input type="checkbox"/> No <input type="checkbox"/> IF YES, WHO? LIST NAME(S), DEPARTMENT, AND RELATION			

POSITION(S) APPLIED FOR

DEPARTMENT:	POSITION TITLE:
-------------	-----------------

EDUCATION, CERTIFICATIONS AND LICENSES

NAME OF SCHOOL AND LOCATION	SELECT LAST YEAR COMPLETED	TYPE OF DEGREE OR DIPLOMA	MAJOR AREA OF STUDY
HIGH SCHOOL	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
COLLEGE	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
COLLEGE	<input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 GRADUATE? Yes <input type="checkbox"/> No <input type="checkbox"/>		
U.S. MILITARY			
CERTIFICATIONS/LICENSES			

EMPLOYMENT HISTORY

PRESENT EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE		REASON FOR LEAVING		
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

REFERENCES

Give name and telephone number of three professional references who are not related to you.

Name	Relationship	Phone number

ADDITIONAL INFORMATION

List skills, interests, languages spoken or read, licenses, certifications, gaps in employment, etc., you feel is important for the position in which you are applying.

My signature below certifies that all statements made in connection with my application for employment with the City of Stow are true and complete to the best of my knowledge and belief, and I understand and agree that any misstatement or omission of material facts will cause forfeiture on my part of all rights of employment with the City of Stow.

For the purpose of my possible employment, I authorize the City of Stow to make a thorough investigation into my background, which may include financial status, academic record, physical and mental health record, employment record, military service record, neighborhood interviews, criminal record, reputation, and character references.

I authorize the release of any and all information regarding my employment, credit, or any other information, whether personal or otherwise, that may or may not be in their records, and release said company or person from all liability for any damage whatsoever that may ensue from their furnishing such information to the City of Stow.

I understand that I may be required to submit to the following examinations administered by the City of Stow: physical, interview, polygraph, and a personality assessment.

I understand that information obtained from the background investigation and the above examinations may constitute a basis for denial of my employment.

I understand that any information obtained from the background investigation will be used solely for the purpose for which it is intended, and will not be disseminated outside the City of Stow.

Signature of applicant

Date

Rev 11/2023



EEO-1 Voluntary Self Identification Form

The State and Local Government Information Report (EEO-4), EEOC Form 164, also referred to as the EEO-4 Report, is a mandatory biennial data collection that requires all State and local governments with 100 or more employees to submit demographic workforce data, including data by race/ethnicity, sex, job category, and salary band. The filing by eligible State and local governments is required under section 709(c) of Title VII of the Civil Rights Act of 1964, as amended, 42 U.S.C. 2000e-8(c), 29 CFR 1602.30 and .32-.37.

Completion of this form is voluntary and will not affect your opportunity for employment, or the terms or conditions of your employment. This form will be used for EEO-1 reporting purposes only and will be kept separate from all other personnel records only accessed by the Human Resources department. Please return completed forms to the HR department.

If you choose not to self-identify at this time, the federal government requires the City of Stow to determine this information by visual survey and/or other available information.

JOB TITLE: _____

DATE COMPLETED: _____

GENDER:

(Please check one of the options below)

Male

Female

Nonbinary

RACE/ETHNICITY:

(Please check one of the descriptions below corresponding to the ethnic group with which you identify.)

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 Pacific Islander (Not Hispanic or Latino): A person having origins in any of the 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.

Native American 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.

I do not wish to disclose.

CANDIDATE CERTIFICATION

I certify that I have read, understand, agree and attest to each of the following statements:

1. All of the information that I have supplied above in my application are true, accurate, and complete, to the best of my knowledge, and I have not knowingly withheld any information.
2. I understand that any false statements, material misrepresentations, or deliberate omissions of a fact or facts in this application, or during the hiring process, shall be considered sufficient cause for refusal to hire.
3. I understand that any false statements, material misrepresentations, or deliberate omissions of a fact or facts in this application, or during the hiring process, shall be considered sufficient cause if employed, for my termination from employment.
4. I understand that this application will be considered only if it is submitted in response to a current job opening, and that if I wish to be considered for future job openings with the City, I must fill out another job application and submit it in a timely manner for that specific job opening.
5. I understand that the City of Stow will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City of Stow and I release from liability any person giving or receiving any such information.
6. I understand that information may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This includes information as to my character, general reputation, personal characteristics and mode of living.
7. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or, in the future, during my employment with the City of Stow.
8. I understand that although management makes every effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: overtime, shift work, or a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
9. I understand that if I am offered employment it will be contingent upon submitting to and passing a post-offer physical examination, which may include drug and alcohol screening, and that if I fail, it will be grounds for the contingent offer being withdrawn.
10. I understand that information received by the City of Stow regarding my application for employment is subject to the State of Ohio Public Records Act.
11. I further understand that this is an application for employment and that no employment contract is being offered.

Signature: _____

Date: _____