



CITY OF CLEVELAND
Mayor Frank G. Jackson

Dear Applicant:

Thank you for your interest in a position with the City of Cleveland. After we receive your application/resume, your information will be kept on file for six (6) months. Continue to check our job hotline at (216) 664-2420 or visit the City's website at www.city.cleveland.oh.us, select "**Department of Personnel & Human Resources**". Under "**Most Requested**", select "**Civil Service Test**" for any current open positions and upcoming positions/ classifications in which examinations will be offered for by the Civil Service Commission.

All classifications/positions with the city are subject to testing through the Civil Service Commission. The Commission conducts these examinations to determine your qualifications for a specific classification. However, **you MUST meet the minimum qualification for the classification in order to take the exam.** There is a \$10.00 filing fee for Civil Service applications which can be picked up in the Civil Service Office Room 119.

A passing score of at least 70% will allow your name to be placed on a Civil Service eligibility list (which expires after 2 years) for the specific classification/position for which you have tested. Applicants are chosen from the eligibility list. If you are hired when all the names are off the list, your status will be "temporary" and you will be subject to Civil Service testing for the position at a later date. **The Civil Service Announcement bulletin board is located on the wall adjacent to Room 119.**

For additional employment assistance, the City of Cleveland provides a service through our Workforce Development at (216) 664-4673. Once again, thank you for your interest in a position with the City of Cleveland, and best wishes in your continued job search.

Sincerely,

Nycole D. West, Interim Director
Department of Personnel & Human Resources

NW/dac

FOR OFFICE USE ONLY
POS. DIV. DATE SENT



FOR OFFICE USE ONLY
DEPT/ DIV. DATE HI RED

POSITION SALARY

City of Cleveland

FRANK G. JACKSON, MAYOR

EMPLOYMENT APPLICATION AN AFFIRMATIVE ACTION/ EQUAL OPPORTUNITY EMPLOYER

TODAY'S DATE _____ POSITION(S) APPLIED FOR _____
DATE AVAILABLE _____ ANNUAL SALARY REQUIRED _____

PERSONAL DATA

NAME _____
Last First MI

ADDRESS _____
Number Street

City State Zip Code

() ()
Home Phone Business/Alternate Phone

EMERGENCY CONTACT _____
Name Home/Business Phone

Number/Street City/State Zip

SOCIAL SECURITY NUMBER - -

ARE YOU OVER EIGHTEEN YEARS OF AGE Yes No

ARE YOU A U.S. CITIZEN OR OTHERWISE ELIGIBLE TO WORK IN THE UNITED STATES? Yes No

BY LAW, ALL PERSONS HIRED ARE REQUIRED TO SHOW PROOF OF IDENTITY AND EMPLOYMENT ELIGIBILITY.

NAME

Last

First

MI

EDUCATION AND TRAINING

	NAME AND ADDRESS	MAJOR	DEGREE EARNED	HIGHEST LEVEL COMPLETED
HIGH SCHOOL				
COLLEGE				
GRADUATE SCHOOL				
BUSINESS/TRADE				
OTHER				

IF YOU DID NOT GRADUATE, DID YOU RECEIVE A G.E.D.? YES NO

USE THIS SPACE FOR AN EXPLANATION OF ADDITIONAL SKILLS, TOOLS, OR SPECIALIZED TRAINING THAT YOU MAY HAVE RECEIVED. (FOR EXAMPLE: OFFICE MACHINES, SPECIALIZED SEMINARS, HAND TOOLS, DRILL PRESS, MACHINERY, ETC.) _____

DICTAPHONE YES NO _____ W.P.M.

TYPING YES NO _____ W.P.M.

SHORTHAND YES NO

PERSONAL COMPUTER YES NO

SOFTWARE PACKAGES

DO YOU PRESENTLY HAVE A VALID STATE OF OHIO DRIVER'S LICENSE?

YES

NO

_____ NUMBER

DO YOU PRESENTLY HAVE A VALID STATE OF OHIO COMMERCIAL DRIVER'S LICENSE?

YES

NO

_____ NUMBER

DO YOU HAVE ACCESS TO A CAR FOR WORK PURPOSES? YES NO

LIST ANY LANGUAGES THAT YOU SPEAK, READ OR WRITE FLUENTLY.

MILITARY SERVICE (OPTIONAL)

HAVE YOU HAD ANY MILITARY SERVICE IN THE U.S. ARMED FORCES? YES NO

IF YES, BRANCH OF SERVICE _____ DATES OF SERVICE: FROM: MO/YEAR _____ TO: MO/YR _____

PRINCIPAL DUTIES: _____

EMPLOYMENT HISTORY

PRESENT OR LAST POSITION

Company Name and Address () Phone

LENGTH OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____
Supervisor

MAY WE CONTACT YOUR PRESENT EMPLOYER FOR A REFERENCE? YES NO

JOB TITLE _____
JOB DUTIES _____

SALARY: STARTED \$ _____ PER _____ LEFT \$ _____ PER _____
FULL TIME PART TIME REASON FOR LEAVING _____

SECOND LAST POSITION

Company Name and Address () Phone

LENGTH OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____
Supervisor

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

JOB TITLE _____
JOB DUTIES _____

SALARY: STARTED \$ _____ PER _____ LEFT \$ _____ PER _____
FULL TIME PART TIME REASON FOR LEAVING _____

THIRD LAST POSITION

Company Name and Address () Phone

LENGTH OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____
Supervisor

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

JOB TITLE _____
JOB DUTIES _____

SALARY: STARTED \$ _____ PER _____ LEFT \$ _____ PER _____
FULL TIME PART TIME REASON FOR LEAVING _____

FOURTH LAST POSITION

Company Name and Address () Phone

LENGTH OF EMPLOYMENT: FROM: MO/YR _____ TO: MO/YR _____
Supervisor

MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES NO

JOB TITLE _____
JOB DUTIES _____

SALARY: STARTED \$ _____ PER _____ LEFT \$ _____ PER _____
FULL TIME PART TIME REASON FOR LEAVING _____

GENERAL INFORMATION

HAVE YOU APPLIED PREVIOUSLY TO THE CITY OF CLEVELAND? YES NO

DEPT/DIVISION & TITLE/DATE OF PRIOR SERVICE _____

DO YOU HAVE ANY RELATIVES EMPLOYED BY THE CITY OF CLEVELAND? YES NO IF YES, PLEASE LIST NAME,

RELATIONSHIP AND DEPARTMENT _____

LIST OTHER NAMES YOU HAVE BEEN EMPLOYED UNDER _____

ARE YOU WILLING TO WORK OVERTIME? YES NO

ARE YOU WILLING TO WORK SHIFTS? YES NO

REFERENCES

PLEASE LIST NAMES AND ADDRESSES OF THREE PERSONS WE MAY CONTACT FOR A PROFESSIONAL RECOMMENDATION. (DO NOT LIST FORMER EMPLOYERS OR RELATIVES.)

NAME/ ADDRESS	CITY	STATE/ ZIP	PHONE

CRIMINAL HISTORY

HAVE YOU EVER BEEN CONVICTED OF A CRIME SPECIFICALLY RELATED TO THE QUALIFICATIONS OF THE POSITION FOR WHICH YOU ARE APPLYING? YES NO

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YOU HAVE ANSWERED "YES" TO ANY OF THE ABOVE, PLEASE EXPLAIN FULLY: _____

APPLICATION WILL NOT BE ACCEPTED IF THIS AFFIRMATION IS OMITTED.

I affirm that the answers I have made to each and all of the questions in this application are complete and true to the best of my knowledge and belief, and that intentional deception herein may be considered as sufficient cause for disqualification or dismissal if employed. I hereby waive all provisions of law forbidding my physician or other person who has attended or examined me or who may hereafter attend or examine me, colleges or universities which I attended, or past employers, from disclosing any knowledge or information which they thereby acquired relevant to my employment and I hereby consent that they disclose such knowledge or information to the City of Cleveland, Department of Personnel/Human Resources. I hereby also consent to the release of all my police records concerning any arrest with subsequent convictions for crimes. I release these records to the City of Cleveland, Department of Personnel/Human Resources and waive any right to personal privacy I might have over the records.

I am applying for employment with the City of Cleveland. I understand that if employed, I agree to conform to the City of Cleveland's rules. I also agree that I shall be subject to other conditions which the City of Cleveland may adopt.

Signature of Applicant : _____

Date:

THIS APPLICATION WILL BE KEPT ON FILE FOR SIX (6) MONTHS IN THE DEPARTMENT OF PERSONNEL AND HUMAN RESOURCES. THANK YOU FOR COMPLETING THIS APPLICATION AND FOR YOUR INTEREST IN THE CITY OF CLEVELAND.

CIVIL SERVICE TESTING

This notice is to inform all prospective City of Cleveland employees of the Civil Service testing requirement.

CIVIL SERVICE TESTING

If you have been hired by the City of Cleveland from a Civil Service list, your position status is “regular.” If not, your status is “temporary” and you are subject to testing through the Civil Service Commission. The Commission conducts examinations to determine your qualifications for the position for which you have been hired. If you do not pass the test or score sufficiently high enough to be appointed “regular,” your employment with the City of Cleveland may be terminated.

By signing below, I acknowledge the implications civil service testing may have on my future employment with the City of Cleveland.

Applicant's Signature

Date

**AUTHORIZATION TO DO BACKGROUND CHECK FOR RELEASE OF
CONFIDENTIAL INFORMATION AND WAIVER OF PRIVACY RIGHTS**

Please read the following before signing:

I, _____, hereby authorize the City of Cleveland and
(name of employee or prospective employee)

its agents or employees to conduct a background check on me and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in granting this application, hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES the City of Cleveland and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information.

NOTE: Public Law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. ROUTINE INQUIRIES MAY INCLUDE PERSONAL INTERVIEWS WITH FRIENDS, NEIGHBORS, REFERENCES AND PAST EMPLOYERS. Upon written request, additional information as to the nature and scope of a resulting report, if one is made, will be provided.

My signature below certifies that my responses on the Application for Employment are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures which may include:

1. Interviews
2. Urine drug screen and pre-employment physical
3. Proof of identity and employment eligibility for work in the U.S.
4. Education and reference checking
5. Testing (if applicable to the position for which you are applying)
6. Criminal and motor vehicle record check

In addition, I understand that any offer of employment will be contingent upon the results of a physical examination by authorized medical personnel of or for the City of Cleveland.

Compliance with the City of Cleveland's Drug Testing Policy is a condition of employment. Therefore, all job offers are made with the understanding that prospective employees pass a drug screening test prior to being hired.

I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, including I-9 forms, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.

Date

Signature of Employee or Prospective Employee

Date of Birth

Social Security Number

Driver's License Number

**CITY OF CLEVELAND
ACKNOWLEDGMENT AND AUTHORIZATION**

I, _____, have read the notice
(name of employee or prospective employee)

which the **City of Cleveland** provided to me, and which explains that it is permissible under the Fair Credit Reporting Act for that employer to either procure or cause to be procured, from a consumer reporting agency, a copy of my consumer report to be used by that employer for employment purposes. That notice, a copy of which I have received, states as follows;

Section 604(a) of the Fair Credit Reporting Act, 15 U.S.C. 1681b(a), enumerates the permissible circumstances under which a consumer reporting agency may furnish your consumer report to a third party. One such permissible purpose, listed at Section 604(a)(3), is that “**any consumer reporting agency may furnish a consumer report...to a person which it has reason to believe intends to use the information for employment purposes.**” Therefore, it is lawful under federal law for this employer to seek and obtain, for employment purposes, a copy of your consumer report from a consumer reporting agency.

I hereby authorize the City of Cleveland to procure or cause to be procured a copy of my consumer report from a customer reporting agency.

Date

Signature of Employee or Prospective Employee

USE OF CONSUMER REPORT FOR EMPLOYMENT PURPOSES

Section 604(a) of the Fair Credit Reporting Act, 15 U.S.C. 1681b(a), enumerates the permissible circumstances under which a consumer reporting agency may furnish your consumer report to a third party. One such permissible purpose, listed at Section 604(a)(3)(13), is that “any consumer reporting agency may furnish a consumer report ...to a person which it has reason to believe intends to use the information for employment purposes.” Therefore, it is lawful under federal law for this employer to seek and obtain, for employment purposes, a copy of your consumer report from consumer reporting agency.

I, _____, have read the above notice which the
(name of employee or prospective employee)

City of Cleveland provided to me, and which explains that it is possible under the Fair Credit Reporting Act for that employer to either procure or cause to be procured from a consumer reporting agency a copy of my consumer report to be used by that employer for employment purposes.

Date

Signature of Employee or Prospective Employee

**CITY OF CLEVELAND
DEPARTMENT OF PERSONNEL & HUMAN RESOURCES
EQUAL EMPLOYMENT OPPORTUNITY**

As an Equal Employment Opportunity employer, the City of Cleveland adheres to all federal, state and local laws, rules and regulations as they pertain to Equal Employment Opportunity and Affirmative Action. The information requested below will assist us in analyzing our Affirmative Action efforts. We ask that you complete the information below on a VOLUNTARY basis. Any inclusions or exclusions will NOT affect any application or employment decision. The data secured will be used for statistical purposes only and will be maintained in a separate confidential file.

(PLEASE PRINT)

DATE _____
Month Day Year

NAME _____
Last First MI Social Security Number

ADDRESS _____

POSITION APPLYING FOR _____

HOW DID YOU LEARN OF THIS OPENING? _____

CHECK ONE: Male Female

CHECK THE BOX OF THE RACIAL/ ETHNIC CATEGORY TO WHICH YOU IDENTIFY:

White American Indian/ Alaskan Native African American
 Asian/ Pacific Islander Hispanic Other _____

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Disabled Individual

BIRTH DATE _____
Month Day Year

CITY OF CLEVELAND

YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT

The Federal Fair Credit Report Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you (such as if you pay your bills on time or have filed bankruptcy) to creditors, employers, landlords, and other businesses. You can find information on the text of the FCRA at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

- **You must be told if information in your file has been used against you.** Anyone who uses information from a CRA to take action against you (such as denying an application for credit, insurance, or employment) must tell you, and give you the name, address, and phone number of the CRA that provided the consumer report.
- **You can find out what is in your file.** At your request, a CRA must give you the information in your file and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of the information supplied by the CRA if you request the report within 60 days of receiving notice of the action. You are also entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud; otherwise, a CRA may charge you up to eight dollars.
- **You can dispute inaccurate information with the CRA.** If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA. (The source also must advise national CRAs to whom it has provided the data of any error.) The CRA must give you a written report of the investigation and a copy of your report if the investigation results in any change. If the CRA’s investigation does not resolve the dispute, you may add a brief statement to your file. The CRA must normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.
- **Inaccurate information must be corrected or deleted.** A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you that it has reinserted the item. The notice must include the name, address and phone number of the information source.
- **You can dispute inaccurate information with the source of the information.** If you tell anyone such as a creditor who reports to a CRA that you dispute an item, they may not report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

YOUR RIGHTS UNDER THE FAIR CREDIT REPORTING ACT (CONT.)

- **Outdated information may not be reported.** In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.
- **Access to your file is limited.** A CRA may provide information about you only to people with a need recognized by the FCRA, usually to consider an application with a creditor, insurer, employer, landlord or other business.
- **Your consent is required for reports that are provided to employers or reports that contain medical information.** A CRA may not give out information about you to your employer or prospective employer without your written consent. A CRA may not report medical information about you to creditors, insurers or employers without your permission.
- **You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers.** Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the lists for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the lists indefinitely.
- **You may seek damages from violators.** If a CRA, a user, or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different Federal agencies authority to enforce the FCRA:

FOR QUESTIONS OR CONCERNS REGARDING: PLEASE CONTACT:	
CRA's, creditors, and others not listed below	Federal Trade Commission Consumer Response Center - FCRA Washington, DC 20580 877-382-4357
National Banks, federal branches/agencies of foreign banks (word "National" or initials "N.A." appear in or after bank's name)	Office of the Comptroller of the Currency Compliance Management, Mail Stop 6-6 Washington, DC 20219 800-613-6743
Federal Reserve System member banks (except national banks and federal branches/agencies of foreign banks)	Federal Reserve Board Division of Consumer & Community Affairs Washington, DC 20551 202-452-3693
Air, surface, or rail common carriers regulated by former Civil Aeronautics Board or Interstate Commerce Commission	Department of Transportation Office of Financial Management Washington, DC 20590 800-934-FDIC
Activities subject to the Packers and Stockyards Act, 1921	Department of Agriculture Office of Deputy Administrator - GIPSA Washington, DC 20250 202-720-7051