



CITY OF HUDSON EMPLOYMENT APPLICATION

The City of Hudson is an Equal Opportunity Employer, and maintains a policy of Equal Employment Opportunity for all employees and applicants. The City of Hudson does not discriminate in employment or the provision of services on the basis of race, color, religion, gender (sex), national origin and ancestry, age, disability, sex (wages), military status, genetic information, pregnancy, or any other characteristic protected by federal or state law.

The information provided in this application will be used to determine your suitability to continue in the hiring process with the City of Hudson. Please submit one application per position to the address indicated on the job posting or examination announcement. If you need additional space to provide complete information, attach a letter-sized sheet (8 ½ x 11) to this application, which should include in the caption the position you are applying for and your name. This application will be considered only if it is submitted in response to a current job opening. If you wish to be considered for future job openings with the City of Hudson, you must fill out another job application in response to that specific job opening. Copies are acceptable. Applications lacking sufficient information will not be processed. Please be sure to complete the entire application and ensure your application is received by the closing date. Also note that, once submitted, this completed form will be subject to all applicable public records laws. If you are selected to continue in the hiring process, you will be required to complete additional forms and provide additional information, in addition to updating any information provided in this application.

Applicants with disabilities may contact Human Resources via telephone, fax, e-mail, or other means to request and arrange for accommodations. If you need assistance to accommodate a disability, you may request an accommodation at any time. Please contact the Human Resources at (330) 342-1700 (phone), (330) 650-6756 (fax), or HumanResources@hudson.oh.us (e-mail).

All information provided on this application and at any stage of the hiring process must be truthful and complete. Any false statements, material misrepresentations, or deliberate omissions of a fact or facts in this application, or at any stage of the hiring process, shall be considered sufficient cause for refusal to hire AND shall be considered sufficient cause, if employed, for termination from employment.

PLEASE TYPE OR PRINT IN INK

POSITION:		
NAME: (Last, First, Middle)		
ADDRESS: (Street, City, State, Zip Code)		
HOME PHONE :	ALTERNATE PHONE :	E-MAIL ADDRESS:
ARE YOU LEGALLY ELIGIBLE TO WORK IN THE U. S.?		Yes <input type="checkbox"/> No <input type="checkbox"/>
IF UNDER 18 YEARS OF AGE, DO YOU HAVE A CURRENT WORK PERMIT?		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
ARE YOU WILLING TO WORK ANY SHIFT?		Yes <input type="checkbox"/> No <input type="checkbox"/>

EMPLOYMENT HISTORY

It is required that you complete all sections of your employment history below, beginning with the most recent employment and working back. If you need additional space to provide complete information, attach a letter-sized sheet (8 ½ X 11) to this application, which should include in the caption the position you are applying for and your name. **Do not use "See Resume" as a substitute for completing your employment history.**

POSITION TITLE(S):	EMPLOYER:	DATES: From: To:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	SALARY: Starting: Current:	MAY WE CONTACT THIS EMPLOYER: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
DUTIES:		
REASON FOR LEAVING:		
POSITION TITLE(S):	EMPLOYER:	DATES: From: To:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	SALARY: Starting: Ending:	MAY WE CONTACT THIS EMPLOYER: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
DUTIES:		
REASON FOR LEAVING:		

POSITION TITLE(S):	EMPLOYER:	DATES: From: To:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	SALARY: Starting: Ending:	MAY WE CONTACT THIS EMPLOYER: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
DUTIES:		
REASON FOR LEAVING:		
POSITION TITLE(S):	EMPLOYER:	DATES: From: To:
ADDRESS: (Street, City, State, Zip Code)		
COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
HOURS PER WEEK:	SALARY: Starting: Ending:	MAY WE CONTACT THIS EMPLOYER: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
DUTIES:		
REASON FOR LEAVING:		

EDUCATION		
HIGH SCHOOL NAME:		LOCATION: (City, State)
		DID YOU GRADUATE? YES: <input type="checkbox"/> NO: <input type="checkbox"/>
CIRCLE YEAR COMPLETED: 9 10 11 12		OBTAINED GED? YES: <input type="checkbox"/> NO - N/A: <input type="checkbox"/>
COLLEGE/UNIVERSITY/TRADE TECH NAME:		LOCATION : (City, State)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
COLLEGE/UNIVERSITY/TRADE TECH NAME:		LOCATION : (City, State)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
COLLEGE/UNIVERSITY/TRADE TECH NAME:		LOCATION : (City, State)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:

POSITION RELATED SKILLS
OFFICE SKILLS: Typing Speed:
COMPUTER SKILLS:
OTHER SKILLS:
LANGUAGE (S): Spoken: Written:

CERTIFICATIONS, LICENSES & OTHER

GENERAL

- State of Ohio Driver's License
- Commercial Driver's License
 - CDL A Expiration Date _____
 - Tanker Endorsement
 - CDL B Expiration Date _____
 - Tanker Endorsement
 - CDL C (Passenger-Bus) Expiration Date _____
 - High school diploma or GED equivalent

POLICE RELATED

- OPOTC certificate meeting the requirements described in Section 109: 2-1-12(D) of the Ohio Administrative Code Expiration Date _____

FIRE RELATED

- State of Ohio Firefighter Certification
- Firefighter II (240 hour) Expiration Date _____
- State of Ohio EMT-P (Paramedic) Certification Expiration Date _____
- Firefighter Physical Assessment (Agility) Certification [From Cuyahoga Community College (Tri-C), Stark State University, or equivalent] Expiration Date _____

DISPATCH

- LEADS certified operator Expiration Date _____
- Certification as an Emergency Medical Dispatcher (EMD) Expiration Date _____

OTHER (certifications and/or licenses that you currently hold that you feel are relevant to the position for which you are applying, such as Electrical, HVAC, Plumbing, First Aid, FEMA-NIMS ...)

_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
_____	Expiration Date _____
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_____	Expiration Date _____
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_____	Expiration Date _____

CANDIDATE CERTIFICATION

I certify that I have read, understand, and 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 that 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(those) specific job opening(s).
5. I understand that the City of Hudson 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 Hudson 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 Hudson.
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 Hudson 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.

I have read and understand the above.

Signed _____

Date _____