



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 Human Resources at (330) 342-1700 (phone), (330) 342-1794 (fax), or email HumanResources@hudson.oh.us

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

POLICE PATROLOFFICER		
NAME: (Last, First, Middle)		
ADDRESS: (Street, City, State, Zip Code)		
HOME PHONE :	ALTERNATE PHONE :	E-MAIL ADDRESS:
DATE AVAILABLE TO START WORK?		
ARE YOU A CITIZEN OF THE UNITED STATES OF AMERICA?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If no, are you aware of any problems with your Visa or Immigration Status that would prevent you from lawfully being employed?		Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, please explain: _____		
*Proof of citizenship or immigration status will be required upon employment		

ARE YOU AT LEAST 21 YEARS OF AGE?

Yes No

Qualified applicants must be at least 21 years of age as of the date of the written examination

ARE YOU LAWFULLY ENTITLED TO WORK IN THIS COUNTRY?

Yes No

Proof of identity and eligibility to work will be required if employed

HAVE YOU EVER FILED AN APPLICATION WITH US BEFORE?

Yes No

If Yes, give date and position _____

HAVE YOU EVER BEEN EMPLOYED WITH US BEFORE?

Yes No

If Yes, give date and position _____

ARE YOU CURRENTLY EMPLOYED?

Yes No

ARE YOU CURRENTLY ON "LAY-OFF" STATUS AND SUBJECT TO RECALL?

Yes No

DO YOU HAVE A VALID OHIO DRIVERS LICENSE?

Yes No

DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE (CDL)?

Yes No

HAVE YOU RECEIVED ANY MOVING TRAFFIC VIOLATIONS WITHIN THE LAST 3 YEARS? Yes No

If yes, please give date, violation, and disposition:

HAVE YOU EVER BEEN DISCHARGED OR ASKED TO RESIGN FROM ANY JOB?

Yes No

If yes, please give the name of the employer, the date, and explain the circumstances:

SINCE HIGH SCHOOL, HAVE YOU HAD ANY PERIODS OF UNEMPLOYMENT?

Yes No

If yes, please explain the reasons for the unemployment: _____

EDUCATION		
HIGH SCHOOL NAME:		LOCATION: (Address)
		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: <input type="checkbox"/>
UNDERGRADUATE COLLEGE*:		LOCATION : (Address)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
GRADUATE/PROFESSIONAL*:		LOCATION : (Address)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
ARMED FORCES/MILITARY:		LOCATION : (Address)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	MAJOR:
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
OHIO PEACE OFFICER'S CERTIFICATION**:		LOCATION: (Address)
CIRCLE YEAR COMPLETED: 1 2 3 4 5 6	DID YOU GRADUATE? Yes No	<u>MAJOR:</u>
DEGREE RECEIVED :		NUMBER OF QUARTER/SEMESTER HOURS COMPLETED:
*Please attach your college transcript or diploma with this application		
If you did not receive a degree, indicate the number of credit hours earned: _____		
** State of Ohio Peace Officer's Certification is required at the time of appointment		

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):	COMPANY/EMPLOYER:	DATES: From: To:
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ADDRESS: (Street, City, State, Zip Code)

COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
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HOURS PER WEEK:	SALARY: Starting: Current:	MAY WE CONTACT THIS EMPLOYER: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
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DUTIES:

REASON FOR LEAVING:

POSITION TITLE(S):	EMPLOYER:	DATES: From: To:
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ADDRESS: (Street, City, State, Zip Code)

COMPANY:	PHONE NUMBER:	IMMEDIATE SUPERVISOR:
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HOURS PER WEEK:	SALARY: Starting: Ending:	MAY WE CONTACT THIS EMPLOYER: YES: <input type="checkbox"/> NO: <input type="checkbox"/>
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DUTIES:

REASON FOR LEAVING:

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: 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:		

REFERENCES

Give name, address and telephone number of three references who are not related to you and are not previous employers. Please list three professional references.

Full Name:

Relationship:

Company:

Phone:

Address:

Full Name:

Relationship:

Company:

Phone:

Address:

Full Name:

Relationship:

Company:

Phone:

Address:

Applicant Agreement and Acknowledgment of Terms and Conditions of Application

I, the undersigned applicant, being first duly sworn, declare that I am the person mentioned herein, and that all answers, statements and information are true, accurate, and complete to the best of my knowledge and belief. Any misrepresentation or willful omissions of facts shall be sufficient cause for disqualification of this application or termination of employment. Furthermore, it is understood that this application and associated records become the property of the City of Hudson, which reserves the right to accept or reject it. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I further agree to observe all rules, regulations, and policies of the City of Hudson now in force and effect, or as they may change during my employment if I am employed by the City.

Signature of Applicant

Date

I hereby acknowledge and authorize the City of Hudson to conduct a thorough background investigation to determine acceptability for employment. In connection with my application for employment with you, I understand that investigative background inquiries are to be made on me, including but not necessarily limited to consumer credit, criminal convictions, Bureau of Motor Vehicles inquiry and examination of previous violation entries of record, and other reports. These reports will include information as to my character, work habits, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information from various Federal, State, and other agencies which maintain records concerning my past activities relating to my driving, credit, criminal, civil and other experiences, as well as claims involving me in the files of insurance companies. I hereby agree to participate in an Ohio Bureau of Criminal Identification (BCI) Fingerprint Criminal Record History Check and understand that employment may be terminated based on the revealed criminal history.

Signature of Applicant

Date

In exchange for employment consideration with the City of Hudson, I understand and agree that I will be required to take supplemental examinations, including but not limited to a physical fitness examination, preliminary background investigation, psychological examination, polygraph examination, detailed character and background investigation, a structured interview(s), a pre-employment medical examination, including, but not limited to, a 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 test results and other medical information to authorized personnel at the City of Hudson. I understand that completion of and the passing of such tests are a condition of employment.

Signature of Applicant

Date

STATE OF OHIO

SUMMIT COUNTY, SS:

Sworn to and subscribed in my presence this _____ day of _____, 20_____.

NOTARY PUBLIC _____

NOTE: Failure to sign the above consent and have this application notarized shall render an applicant ineligible for purposes of taking this written examination and ends the employment process.