



**CITY OF CHARDON**  
**Employment Application**  
*(Please Print Clearly)*

111 Water Street  
 Chardon, OH 44024  
 Phone: 440-286-2600  
[www.chardon.cc](http://www.chardon.cc)

**Applicant Information**

**PERSONAL INFORMATION**

Today's Date: \_\_\_\_\_

Full Name: \_\_\_\_\_  
*Last First M.I.* Email Address: \_\_\_\_\_

Present Address: \_\_\_\_\_  
*Street Address*  
 \_\_\_\_\_  
*City State Zip*

Home Phone: (\_\_\_\_) \_\_\_\_\_ Mobile Phone: (\_\_\_\_) \_\_\_\_\_

How did you hear about position? \_\_\_\_\_

Are you 18 Years or Older?  Yes  No

Are you prevented from lawfully becoming employed in this country because of VISA or Immigration status?  Yes  No

**EMPLOYMENT DESIRED**

Type of employment desired:  Full-time  Part-time  Seasonal

Position: \_\_\_\_\_ Available Start Date: \_\_\_\_\_ Desired Salary: \_\_\_\_\_

Are you employed now?  Yes  No If so, may we inquire of your present Employer?  Yes  No

Have you ever applied for employment within the City of Chardon before?  Yes  No

If yes, when and for what position? \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

EDUCATION	NAME AND LOCATION OF SCHOOL	DID YOU GRADUATE?	DIPLOMA/ DEGREE OR CREDIT HOURS
High School		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Univ.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
College/Univ.		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Trade/Business School		<input type="checkbox"/> Yes <input type="checkbox"/> No	

If you did not receive a diploma from a high school, did you receive a high school equivalency diploma (GED)?  Yes  No

**ADDITIONAL EXPERIENCE**

Are there any other experiences, skills or qualifications which you feel would qualify you for work with the City of Chardon?

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List any licenses, certifications or other special qualifications not covered elsewhere in your application:

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**DRIVER'S LICENSE**

Driver's License Number \_\_\_\_\_

Type of License:     Operator         CDL

If CDL, list class and endorsements:

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**MILITARY SERVICE**

Branch: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Rank at Discharge: \_\_\_\_\_

**REFERENCES**

NAME	ADDRESS	PHONE NUMBER	OCCUPATION	YEARS KNOWN
		(    )		
		(    )		
		(    )		

**PREVIOUS EMPLOYMENT**

*(List a minimum of 5 years previous employment in chronological order with the most recent first. Attach additional sheets if necessary)*

Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job responsibilities / work performed \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

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Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job responsibilities / work performed \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

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Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job responsibilities / work performed \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

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Company: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Address: \_\_\_\_\_

Job Title: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

Job responsibilities / work performed \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference?  Yes  No

Are any of your relatives currently a City employee or serving on a City Board or Commission?  Yes  No

If yes, please name: \_\_\_\_\_

In case of an emergency, notify: \_\_\_\_\_ Phone: \_\_\_\_\_

**DISCLAIMER AND SIGNATURE**

I certify that all the information in this application is true and complete. I acknowledge that if any false information, omissions or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated.

In consideration of my employment, I agree to conform to the City of Chardon's rules and regulations. I agree that my employment and compensation can be terminated with or without cause, with or without notice and at any time by the City of Chardon. I acknowledge and agree that the terms and conditions of my employment may be changed with or without cause and with and without notice at any time by the City of Chardon. I understand that only the City Manager has the authority to enter into any agreement for employment in writing, for any specific period of time, or to agree to terms and conditions contrary to the foregoing.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CITY OF CHARDON APPLICANT RELEASE FORM**

Pre-employment testing may be a condition of employment, check yes to confirm understanding  Yes  No  
(employment physical, drug screen, background checks, etc.)

I, \_\_\_\_\_, currently residing at \_\_\_\_\_

have applied for employment with the City of Chardon. I have been advised and am fully aware that a representative of the City of Chardon will be conducting a thorough investigation of my background to assist in determining my suitability for this position. I realize that, in conducting this background investigation, the City may make inquiries of, and request records from schools that I have attended; police or courts with whom I may have an arrest or conviction record; credit bureaus and/or firms that may have information regarding my credit record and/or financial standing/ present and previous employers; and any other persons who may be able to provide information about me.

I hereby consent to this investigation and waive all privilege and confidentiality that prevent provisions of law, school official, court, police agency, credit bureau, employer, firm or person, from disclosing any records or information they have concerning me which is requested or desired by the City of Chardon. I further consent to the Chardon City Manager or his representative being provided with a copy of any such record concerning me.

I recognize the right of the City of Chardon to treat, at its discretion, certain sources as confidential and its right to withhold from me or my agent the names of such confidential sources and information obtained therefrom.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

*It is our policy to comply with all applicable state and federal laws prohibiting discrimination in employment based on race, age, color, sex, religion, national origin or other protected classification.*



# Voluntary Equal Employment Opportunity Self Identification Form

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THIS FORM

The City of Chardon is an Equal Opportunity Employer. Our employment decisions are made without regard to race, color, religion, gender, national origin, age, disability, military status or any other legally protected status. The purpose of this form is to comply with federal government record-keeping and reporting requirements.

The data you provide on this form will be kept confidential and used solely for analytical and reporting requirement purposes only. This form is processed and maintained separately from your personnel file and is not used to make employment decisions. **COMPLETION OF THIS FORM IS OPTIONAL AND VOLUNTARY.** We appreciate your assistance.

Position(s) applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Information:         Male                       Female

Please **check one** of the following Equal Employment Opportunity Identification Groups:

- Hispanic or Latino:** a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.
- White (Non-Hispanic or Latino):** All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.
- Black or African American (non-Hispanic or Latino):** A person having origins in any of the original peoples of the black racial groups of Africa.
- Asian (Non-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 Hawaiian or Other Pacific Islander (Non-Hispanic or Latin):** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- American Indian or Alaska Native (Non-Hispanic or Latin):** A person having origins in any of the original peoples of North and South America (including Central America), and who maintain a tribal affiliation or community attachment.
- Two or More Races (non-Hispanic or Latino):** Persons who identify with two or more racial categories named above.

\*\*\*\*\*FOR ADMINISTRATIVE USE ONLY – EEO-4 JOB CATEGORIES\*\*\*\*\*

- |   |   |  |  |
|---|---|--|--|
| <input type="checkbox"/> Officials/Administrators | <input type="checkbox"/> Professionals          | <input type="checkbox"/> Technicians   | <input type="checkbox"/> Protective Service  |
| <input type="checkbox"/> Paraprofessionals        | <input type="checkbox"/> Administrative Support | <input type="checkbox"/> Skilled Craft | <input type="checkbox"/> Service-Maintenance |