



# CITY OF FAIRVIEW PARK

20777 Lorain Road  
Fairview Park, Ohio 44126-2018

— Established in 1910 —

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**Eileen Ann Patton, Mayor**

**Civil Service Commission**

Gregory Kowalski, Chairman  
Richard Dunson, Commissioner  
Peter Evanko, Commissioner

## **APPLICATION FOR EMPLOYMENT IN THE CLASSIFIED SERVICES**

### **INSTRUCTIONS**

1. Applicant must be a United States citizen and possess both a valid driver's license and a high school diploma or its equivalent. Applicant must attach to this application a photocopy of his or her valid driver's license and a photocopy of his or her high school diploma or its equivalent.
2. Application must be typed or printed legibly in ink.
3. Remember that all answers are under oath. Absolutely no discrepancies or omissions in the statements made herein are permitted. If any false statement is knowingly made by an applicant, at his or her request, or with his or her knowledge, applicant will be excluded from the examination and his or her name removed from any eligibility list.
4. The waivers found on pages 5 and 6 of the application must be notarized by a certified Public Notary prior to submission. The City of Fairview Park does not provide notary services. Review the content of the waiver fully before signing.
5. The rules of the Fairview Park Civil Service Commission provide for the awarding of extra credit percentage points as follows:
  - Five (5) points will be awarded if you are a Veteran. To receive these points, include with your application a photocopy of your DD214.
  - Four (4) points will be awarded if you have completed a 4-year college degree. To receive these points, include with your application a photocopy of your diploma or transcript.
  - Two (2) points will be awarded if you have completed a 2-year college degree. To receive these points, include with your application a photocopy of your diploma or transcript.
  - Two (2) points will be awarded if you possess a current Ohio Peace Officer certification. To receive these points, include with your application a photocopy of your certificate or other proper proof of certification.
6. Application must be submitted in person by applicant or applicant's designee no later than the filing deadline. Applications are only accepted during business hours—Monday through Friday from 9:00 am to 3:00 pm—at the reception desk on the second floor of Fairview Park City Hall. Applications are not accepted on holidays or other days City Hall is closed.

*The City of Fairview Park is a Drug-Free Workplace and an Equal Opportunity Employer*



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Matthew Hrubey, Secretary

## APPLICATION FOR EMPLOYMENT IN THE CLASSIFIED SERVICES

<b>NAME</b>	(Last Name)	(First Name)	(Middle Name)
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### A. PERSONAL INFORMATION

<b>CURRENT ADDRESS</b> (Street Name, City, State, Zip Code)			
<b>PREVIOUS ADDRESS</b> (Street Name, City, State, Zip Code)			
<b>MOBILE NUMBER</b>	<b>HOME NUMBER</b>	<b>E-MAIL ADDRESS</b>	
<b>DATE OF BIRTH</b> (mm/dd/yyyy)		<b>SOCIAL SECURITY NO.</b>	
<b>DRIVER'S LICENSE NO.</b>		<b>EXPIRATION DATE</b> (mm/dd/yyyy)	
<b>U.S. CITIZEN?</b>	Yes	No	<b>HEIGHT</b>
<b>MILITARY SERVICE</b> (Name)		(Dates of Service)	
<b>WEIGHT</b>			

### B. EDUCATION

Level of Education	Diploma/Degree	Name of School & Address	Dates Attended
Graduate			to
College			to
Vocational/ Technical			to
High School			to
Jr. High School			to
Elementary			to

**C. EMPLOYMENT HISTORY**

List all employers beginning with present place of employment. If additional space is needed, include attachments.

<b>Employer Name</b>	<b>Address</b>	<b>Position/Job Title</b>	<b>Dates Employed</b> (XX-XX-XX to XX-XX-XX)	<b>Supervisor</b>
			to	

**D. REFERENCES**

List three (3) references. References are prohibited from being relatives.

<b>Name</b>	<b>Address</b>	<b>Phone Number</b>	<b>Relation</b>

## E. OTHER INFORMATION

List your education, training, or experience in the field relating to the position for which you are applying.

Do you use intoxicating beverages? Yes                      No                      If yes, how often?

Are you now or have you ever been a user of Hallucinatory or Drugs of Abuse? Yes                      No

If yes, to what extent?

List any physical limitations that preclude you from performing any duties of the position for which you are applying. Include any sight, hearing, and speech limitations.

List all convictions including traffic in the last 10 years. If additional space is needed, include attachments.

Violation	Date	Location	Court	Disposition of Case

Have you ever been dismissed from public service for disciplinary cause?                      Yes                      No

If yes, list date and agency:

Have you ever been dismissed by an employer for disciplinary cause?                      Yes                      No

If yes, list date and reason:

Have you ever filed an employment application with the City of Fairview Park?                      Yes                      No

If yes, list date and position:

Are you presently on any other Civil Service eligibility list?                      Yes                      No

If yes, list where:

**WAIVER #1**

I, \_\_\_\_\_, voluntarily, without threats, duress, coercion, force, or promises of immunity or reward, agree to submit to a polygraph examination, medical examination, and physical agility test for the mutual benefit of myself and the City of Fairview Park, Ohio.

I further waive my right to hold the City of Fairview Park, Ohio, or its agents liable in an action for any injury which I may be incur during the performance of the physical agility test.

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STATE OF OHIO

:SS

\_\_\_\_\_ COUNTY

\_\_\_\_\_, being first duly sworn, on their oath says that the statements made and subscribed by them in their foregoing application are true.

\_\_\_\_\_  
(Signature of Applicant)

Subscribed in my presence by the said affiant and by them sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
(Signature of Official)

\_\_\_\_\_  
(Official Title)

**WAIVER #2**

**AUTHORITY TO RELEASE INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any investigator or other authorized representative of the Fairview Park Police Department bearing this release, or copy thereof, within one year of its date, to obtain any information in your files pertaining to my medical records and arrest with conviction records.

This release is executed with full knowledge and understanding that the information is for the official use of the Fairview Park Police Department. I hereby release any custodian, officer, or other employee, both individually and collectively, from any and all liability for associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

Should there be any questions as to the validity of the release, you may contact me as indicated below:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Full Name – typed or printed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Telephone Number

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STATE OF OHIO

:

\_\_\_\_\_ COUNTY

\_\_\_\_\_, being first duly sworn, on their oath says that the statements made and subscribed by them in his foregoing application are true.

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

Subscribed to in my presence by the said affiant and by them sworn to before me this \_\_\_\_\_

day of \_\_\_\_\_, 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Official

\_\_\_\_\_  
Official Title

## APPLICANTS:

To aid in our Recruitment Outreach and Equal Employment Opportunity Programs and remain within our Federal and State recordkeeping guidelines, we would appreciate your compliance in providing the voluntary information below. **This information is confidential, will be kept separate from your application, and will not affect your consideration for employment.**

Position Applying For	Date
How did you find out about this position (e.g., newspaper, employment agency, radio, walk-in, word of mouth, school or college)?	

Please check the applicable categories below.

WHITE (Not of Hispanic origin) – Any person having origin in any of the original peoples of Europe, North Africa or the Middle East.

BLACK – Any person having origin in any of the black racial groups of Africa.

HISPANIC – Any person of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.

ASIAN OR PACIFIC ISLANDER – Any person having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent or the Pacific Islands.

AMERICAN INDIAN OR ALASKAN NATIVE – Any person having origin in any of the original peoples of North America and also maintaining cultural identification through tribal affiliation and/or community recognition.

HANDICAPPED – Any person with a permanent, irreparable, non-corrective impairment.

VIETNAM ERA VETERAN – A veteran, any part of whose active U.S. military service was during the period of August 5, 1964 through May 7, 1975, who (a) served on active duty for a period of more than 180 days and was discharged or released therefrom with other than an honorable discharge, or (b) was discharged or released from active duty because of service connected disability. No veteran may be considered a veteran of the Vietnam Era under this paragraph after December 31, 1991.

SPECIAL DISABLED VETERAN – A veteran who is entitled to compensation (or who, but for the receipt of military retired pay, would be entitled to compensation) under laws administered by the Veteran's Administration (a) for a disability rated at 30% or more, or (b) rated at 10% or 20% in the case of a veteran who has been determined under Section 1506 of Title 38, U.S.C. to have a serious employment handicap, or a person who was discharged or released from active duty because of service connected disability.

ACTIVE DUTY VETERAN – OTHER THAN ABOVE – A person who served on active duty and who was discharged with other than a dishonorable discharge, but does not meet the definition in 7 or 8 above.

MALE

FEMALE

FORTY (40) YEARS OLD OR OLDER