



THE CITY OF
Reminderville

City of Reminderville
3382 Glenwood Blvd, Reminderville, Ohio 44202
Phone: 330-562-1234 | www.reminderville.com

The City of Reminderville is a residential community of approximately 5,412 people. Settled in the far northeast corner of Summit County in Ohio, Reminderville is big city-close and country-quaint. A short 25-mile trip will take you to downtown Cleveland to enjoy everything it offers and when it's time to head back home, you will indulge in the tranquility of our community. Reminderville boasts two top-ranked school systems: Aurora and Twinsburg, and has many new-construction homes ready for new families. A top-notch police force and fire department, community gardens, year-round family events, an active seniors group, a first-rate recreation center that is a must-see, and a charming small-town way of life are just a few of the reasons why Reminderville is "A Great Place To Call Home".

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The American with Disabilities Act prohibits discrimination on the basis of disability. The City of Reminderville is an Equal Opportunity Employer.

Position Applying For:	Today's Date:		
<hr/>			
Full Name:			
<hr/>			
Email Address:			
<hr/>			
Phone Number:	Preferred Method of Contact: Phone or Email		
<hr/>			
Present Address:			
<hr/>			
City:	State:	Zip:	
<hr/>			
Last Former Address:	City:	State:	Zip:
<hr/>			
Former Name(s):			
<hr/>			
Were you previously employed by the City of Reminderville? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<hr/>			
If yes, when and in which position(s)?			
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<p>Are you over the age of 18? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><small>*If applying at the Reminderville Athletic Club, you must be at least 16 years of age</small></p> <p>Are you over the age of 21? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Have you been convicted of a crime in the past ten (10) years? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, please explain:</p> <hr/>
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MILITARY SERVICE RECORD
<p>Are you a military Veteran? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If yes, what branch? _____</p> <hr/> <p>Job relevant training received: _____</p> <hr/> <hr/>

EMPLOYMENT HISTORY

List your employment history below beginning with your current or most recent employment.

1. Dates of Employment: From: _____ To: _____	
_____	Salary: _____
Title or Position:	Beginning Ending
_____	_____
Name and Address of Employer	Immediate Supervisor/Phone Number
_____	_____
URL of Employer	Reason for Leaving
Description of Duties and Responsibilities:	

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_____	_____
Name and Address of Employer	Immediate Supervisor/Phone Number
_____	_____
URL of Employer	Reason for Leaving
Description of Duties and Responsibilities:	

RECORD OF EDUCATION

School	Name/City/State/School	Course of Study	Years Completed	Did You Graduate?	List Diploma or Degree
High School			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
College			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	
Other			1 2 3 4	<input type="checkbox"/> YES <input type="checkbox"/> NO	

CERTIFICATIONS, LICENSES AND OTHER

What certifications/licenses do you currently hold that you feel are relevant to the position for which you are applying?

Certification/License(s) (check all that apply)	Expiration Date and Card Number (If Applicable)
<input type="checkbox"/> Ohio Peace Officer Training Academy (OPOTA)	_____
<input type="checkbox"/> Physical Agility Test Passed <input type="checkbox"/> Police <input type="checkbox"/> Fire <input type="checkbox"/> Firefighter II <input type="checkbox"/> Paramedic Certification	_____
<input type="checkbox"/> Emergency Vehicle Driver Certification	_____
<input type="checkbox"/> CPR provider <input type="checkbox"/> CPR Instructor	_____
<input type="checkbox"/> ACLS Provider <input type="checkbox"/> ACLS Instructor	_____
<input type="checkbox"/> First Aid Provider <input type="checkbox"/> First Aid Instructor	_____
<input type="checkbox"/> Water Safety Instructor (WSI)	_____
<input type="checkbox"/> Lifeguard Instructor (LGI) <input type="checkbox"/> Lifeguard Training Certification	_____
<input type="checkbox"/> CDL License Type: _____	
Other Licenses/Certifications:	

REFERENCES

Please list three professional references (No Relatives Please)

1. Name: _____	Title: _____
Company: _____	Phone: _____ Years Aquatinted: _____
2. Name: _____	Title: _____
Company: _____	Phone: _____ Years Aquatinted: _____
3. Name: _____	Title: _____
Company: _____	Phone: _____ Years Aquatinted: _____

APPLICANT STATEMENT

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements or omissions on this application or during the hiring process shall be considered sufficient cause for removal. The City of Reminderville is hereby authorized to make any investigation of my personal or employment history, education, criminal background, and financial and credit record (if applicable) through any investigative or credit agencies or bureaus of your choice.

In making this application I also 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. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file. I do hereby understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.
2. It is my understanding that the City 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 and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. 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 that I am hereafter conditionally offered or, in the future, during my employment with the City.
4. I understand and agree that I will also be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post accident) I agree to consent to take such test(s) at such time as designated by the City and to release to the Officers, its agents, officers or employees from any claim arising in connection with the use of such test(s).

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law. I further understand that this is an application for employment and that no employment contract is being offered. By signing my name below, I confirm my legal consent and agreement with the above which I have read and understand.

Signature _____

Date _____

CONSUMER REPORT AUTHORIZATION

This serves to advise you that in consideration for employment or continued employment with the City of Reminderville, a consumer report and/or investigative consumer report may be obtained on you from a consumer reporting agency. This process may include but not be limited to verification of education; credit history; employment history; criminal history; a review of any local, county, state, and federal government agency records; court public records; driving records (MVR); and employment, personal or professional references. References may include information pertaining to your general character and reputation, personal characteristics, mode of living, and work habits.

Information from the report will not be used in violation of any federal or state equal opportunity law or regulation. Before any adverse action is taken, based in whole or in part on the information contained in the consumer report, you will be provided a copy of the report and a summary of your rights under the Fair Credit Reporting Act, as well as additional information on your rights under the law.

By signing or typing your signature below, you hereby authorize the City of Reminderville to obtain a consumer report and/or investigative consumer report. You further authorize without reservation any party or agency contacted to furnish the above mentioned information. You further authorize ongoing procurement of the above mentioned reports at any time during your employment to the full extent permitted by law. By submitting this form with your name signed below, you are giving your full legal consent to the above.

Signature _____

Date _____

THE CITY OF
Reminderville
Police Department
Reminderville, Ohio

AUTHORITY TO RELEASE INFORMATION

I hereby authorize any Police Officer or other authorized representative of the City of Reminderville, Ohio Police Department bearing this release, or copy thereof, within two years of it's date, to obtain any information in your possession pertaining to my employment, military service, credit, or education. I hereby direct you to release such information upon the request of the bearer of this document.

This release is executed with full knowledge and understanding that the information is for official use by the Reminderville Police Department. Consent is granted for the Reminderville Police Department to furnish such information, as described above, to third parties in the course of fulfilling it's official responsibilities.

I hereby release you, as the custodian of any such records, and any school, college, university, academy, or other education institution, hospital, or other repository of medical records, credit bureau, lending institution, consumer reporting agency, or retail business establishment including it's officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kinds, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it.

I am furnishing my Social Security account number on a voluntary basis with the understanding such is not required by Federal Statute or Regulation. I have been advised that the Reminderville Police Department will utilize this number only to facilitate the location of employment, military, credit, and educational records concerning me in collection with this application. Should there be any question as to the validity of this release, you may contact me as indicated below.

Signature: _____

Date: ____/____/____

Name Printed: _____

SSN: ____/____/____

Current Address: _____

Telephone Number: _____ - _____ - _____



**Police Department
Reminderville, Ohio**

BUREAU OF CRIMINAL IDENTIFICATION & INVESTIGATION

I certify that I have given The Reminderville Police Department permission to seek a copy of my arrest/conviction record from the Bureau of Criminal Identification investigation, London, OH. I do hereby release the State of Ohio Bureau of Criminal Identification & Investigation and all individuals connected therewith from all liability.

Signature: _____

Date: ____/____/____

Record of: _____

Alias Maiden Name: _____

Current Address: _____

DOB: ____/____/____

SSN: ____/____/____

Requesting Agency Information

**Reminderville Police Department
3602 Glenwood Blvd
Reminderville, OH 44202**

Signature of Officer Making Request _____

assumes responsibility for maintaining the confidentiality of this report.