



SUPPLEMENTAL APPLICATION FOR EMPLOYMENT

City of Hudson
115 Executive Parkway, Suite 400
Hudson, OH 44236
(PLEASE PRINT CLEARLY)

Position Applied For _____

Name _____

Last

First

Middle Initial

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.

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 HumanResources@hudson.oh.us.

- **Have you ever been discharged or asked to resign from any job?**

Yes

No

If yes, please list and explain the circumstances (you may attach a separate sheet) _____

- **Have you ever been disciplined by any employer?**

Yes

No

If yes, please list and explain the circumstances (you may attach a separate sheet) _____

Criminal Background

- **Have you ever been convicted, been found guilty, had an adjudication withheld, entered a pretrial diversion program, or entered a plea of guilty or nolo contendere (no contest) to a criminal offense, felony or misdemeanor, other than a minor traffic violation (a DUI is NOT a minor violation)? Criminal offense includes an offense under any criminal provision of the Ohio Revised Code, United States code, any other substantially similar state or local code provisions, or any other substantially similar foreign code provisions.**

A YES or NO answer is required.

Yes

No

If you check the **YES** box, you must give the information required for **each** separate criminal offense.

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, and include same information for each additional separate criminal offense.

- Criminal offense (include statutory provision number) _____

Date of criminal offense _____

Jurisdiction where decision was rendered for the criminal offense (Court) _____

Any relevant information or explanation, including mitigating factors? _____

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Any relevant information or explanation, including mitigating factors? _____

- **Are you currently under indictment or do you have any outstanding warrants for your arrest?**

Yes

No

If yes, for what? _____

Since high school, have you had any periods of unemployment?

Yes

No

If yes, please list and explain the circumstances (you may attach a separate sheet) _____

List any other names you have ever used (i.e. maiden name, nick name, ...)

List previous residential addresses for the last ten (10) years (you may attach a separate sheet)

Failure to answer any of the foregoing questions accurately, including any material misrepresentation or deliberate omission of a fact, shall be grounds for refusal of or, if employed, termination from employment.

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 supplemental 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 supplemental 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 supplemental application, or during the hiring process, shall be considered sufficient cause if employed, for my termination from employment.
4. I understand that my application and supplemental application will be considered only if it is submitted in response to this current job opening, and that if I wish to be considered for future job openings with the City of Hudson, 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 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 may be contingent upon submitting to and passing a post-offer medical examination, which may include but will not be limited to drug and/or alcohol screening, to determine my suitability for employment. I consent to this post-offer medical examination, and further give my consent to the release of the exam and/or testing results to authorized personnel from the City. I further understand that completion and passing the post-offer medical examination is a condition of employment, and that if I fail it will be grounds for the contingent offer being withdrawn.
10. I understand that if I am hired I am required to abide by all rules and regulations of the City of Hudson.
11. I understand and agree that if I am hired, in the event of my personal indebtedness to the City, I authorize the City of Hudson to withhold from my wages, including my final paycheck if applicable, such amount as permitted by law to satisfy my obligation to the City.
12. 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.
13. I further understand that this is an application for employment and that no employment contract is being offered or created.

I have read and understand the above.

Signed _____

Date _____