

Application for Employment

City of Brook Park, OH

A City Making Things Happen...One Day at a Time

Mark J. Elliott, Mayor

Lisa J. Zamiska, Commissioner, Human Resources
6161 Engle Road Brook Park, OH 44142 216-433-1300 Fax 216-433-1511

Personal Information

Name: _____ Date: _____

Social Security Number: _____

Home Address: _____

City, State Zip: _____

Home Phone: _____ Business Phone: _____

US Citizen? _____ If Not Give Visa No. & Expiration: _____

Position Applying For

Title: _____ Salary Desired: _____

Referred By: _____ Date Available: _____

Education

High School (Name, City, State): _____

Graduation Date: _____

Business or Technical School: _____

Dates Attended: _____ Degree, Major: _____

Undergraduate College: _____

Dates Attended: _____ Degree, Major: _____

Graduate School: _____

Dates Attended: _____ Degree, Major: _____

References

Former Employers List below the last three employers, starting with the most recent first.

Name of Present or Last Employer: _____

Address: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ May we contact your supervisor? _____

Description of Work: _____

Reason for Leaving _____

Name of Previous Employer: _____

Address: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ May we contact your supervisor? _____

Description of Work: _____

Reason for Leaving _____

Name of Previous Employer: _____

Address: _____

Starting Date: _____ Leaving Date: _____ Job Title: _____

Starting Salary: _____ Ending Salary: _____ May we contact your supervisor? _____

Description of Work: _____

Reason for Leaving _____

Service Record

Branch of Service _____ Discharge Date & Rank _____

Present Membership National Guard/ Reserves _____ Date Obligation Ends _____

**You must attach discharge papers or other proof of service to receive credit.

Do you have a valid driver's license? _____ Have you been convicted of a felony in the last 5 years? _____

Authorization

I understand and agree that I may be required to take one or more of the following: Physical examination (including drug and alcohol screening); lie detector tests (safety forces only) as a condition of hiring or continued employment. I agree to consent to take such tests at such time designated by the City and to release the City, its Director's, officers, agents, or employees from any claim arising in connection with the use of such tests.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to have a credit check done if deemed necessary for my employment.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date: _____

Signature: _____