



EMPLOYMENT APPLICATION
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Application Must Be Fully Completed (Please Print or Type)

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Last 4 digits of Social: \_\_\_\_\_

LAST                          FIRST                          MIDDLE

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

Street                          City                          Zip

Home Phone #: (      ) \_\_\_\_\_ Best time to call? \_\_\_\_\_

(Area Code)

May we contact you at work? **YES**      Work #: (      ) \_\_\_\_\_ Best time to call? \_\_\_\_\_

**NO**    (Area Code)

Date Available for work: \_\_\_\_\_ Are you on a lay-off and subject to recall?    **YES**      **NO**

- |   |            |           |
|---|------------|-----------|
| ■ Type of employed desired: Full-time      Part-time      Temporary      Seasonal      Intern       |            |           |
| ■ Are you legally eligible for employment in this country?  | <b>YES</b> | <b>NO</b> |
| ■ Are you at least 18 years of age or high school graduate?   | <b>YES</b> | <b>NO</b> |
| ■ Have you filed an application here before?  | <b>YES</b> | <b>NO</b> |
| ■ Have you ever been employed by the City of Garfield Heights?                                      | <b>YES</b> | <b>NO</b> |
| ■ Do you have any relatives now employed with City of Garfield Heights?                             | <b>YES</b> | <b>NO</b> |
| ■ If required, will you undergo a pre-employment physical, drug test and criminal background check? | <b>YES</b> | <b>NO</b> |

1. Have you ever been discharged or forced to resign from any position on the basis of unsatisfactory conduct or Performance?	<b>YES</b>	<b>NO</b>
2. Have you ever been bonded in your current or previous jobs?	<b>YES</b>	<b>NO</b>
If you answered "YES" to any of these questions, please give details on bottom of Page 2.		

## EDUCATION

Place an  in the box next to the highest school year completed (FOR SUMMER REC DEPT. ONLY:  
Place an  in the box next to the highest school year you will complete by June of this year:

Elementary								High School				College/University				Graduate/Professional				
1	2	3	4	5	6	7	8	1	2	3	4	1	2	3	4	1	2	3	4	
SCHOOL NAME AND ADDRESS																Diploma/Degree		Course of Study		GPA
High or Trade School	Name/Address:											Yes	No							
Business or Technical	Name/Address:											Degree:								
												Date:								
College or University	Name/Address:											Degree:		Major:						
												Date:								
Graduate School/Other	Name/Address:											Degree:		Major:						
												Date:								

Did you receive a High School Equivalency diploma? YES      NO

If Yes, give: Date of issue: \_\_\_\_\_ Number: \_\_\_\_\_ Granting Agency: \_\_\_\_\_

## REFERENCES

List three references who we can contact who have knowledge of your character, experience, or ability. Persons (other than supervisors listed on Page Three) who are not related to you by blood or marriage and who are familiar with your present or past job performance are strongly preferred.

FULL NAME	COMPLETE BUSINESS OR HOME ADDRESS	OCCUPATION	PHONE

Use this space to explain your answers to any items on this Application. (Use additional sheets if necessary.)

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## EMPLOYMENT HISTORY

Please give a complete record of your employment for a minimum of the past **TEN YEARS, beginning with your present or most recent employment and working back.** Account for all periods, including self-employment, unemployment, and service with the U.S. Armed Forces. Use additional sheets if necessary.

		Dates Employed		Summarize work performed and your job tasks
		FROM	TO	
<b>1. Current or most recent employer:</b>	<b>Phone #:</b>			
Address:		Starting Salary		
City/State/Zip:		\$		
Job Title(s):		Final Salary		
Supervisor:		\$		
Reason for Leaving:				
<b>2. Employer</b>	<b>Phone #:</b>			
Address:		Starting Salary		
City/State/Zip:		\$		
Job Title(s):		Final Salary		
Supervisor:		\$		
Reason for Leaving:				
<b>3. Employer</b>	<b>Phone #:</b>			
Address:		Starting Salary		
City/State/Zip:		\$		
Job Title(s):		Final Salary		
Supervisor:		\$		
Reason for Leaving:				
<b>3. Employer</b>	<b>Phone #:</b>			
Address:		Starting Salary		
City/State/Zip:		\$		
Job Title(s):		Final Salary		
Supervisor:		\$		
Reason for Leaving:				
<b>4. Employer</b>	<b>Phone #:</b>			
Address:		Starting Salary		
City/State/Zip:		\$		
Job Title(s):		Final Salary		
Supervisor:		\$		
Reason for Leaving:				

# SPECIAL QUALIFICATIONS AND SKILLS

(ONLY COMPLETE THIS SECTION AS APPLICABLE TO THE JOBS TO WHICH YOU ARE APPLYING)

A. Driver's License #: \_\_\_\_\_ Expiration Date \_\_\_\_\_ State: \_\_\_\_\_

Type of License:   REGULAR                   OR                   COMMERCIAL (CDL)   CLASS:                   A    B

List all endorsements: \_\_\_\_\_

List all equipment you have operated requiring a CDL: \_\_\_\_\_

B. Approximate # of words/minute in: Typing/Word Processing: \_\_\_\_\_ Shorthand: \_\_\_\_\_

C. Describe your computer proficiency in the following programs:

## SOFTWARE/PROGRAM

<b>PROFICIENCY LEVEL</b>
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<b>BEGINNER</b>	<b>INTERMEDIATE</b>	<b>ADVANCED</b>
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Microsoft Word  
Microsoft Excel  
Microsoft Access  
Windows  
Internet Research  
OTHER: \_\_\_\_\_

D. List licenses, registrations or certifications which you possess. Also, list the State or other licensing authority for each, and the number and expiration date of the license.

## APPLICANT STATEMENT

My signature constitutes my certification that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature also signifies my authorization for the City of Garfield Heights to investigate background inquiries in order to verify the facts submitted; and for those with relevant information (including but not limited to, my prior employers and references) to release such information to the City of Garfield Heights. Further, I understand that you will be requesting information from various federal, state and other agencies that maintain criminal records concerning my past activities. I understand that these reports will be obtained in an effort to procure information deemed essential to qualify me for employment.

I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the interviewing or examination process, is grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I also acknowledge that, unless otherwise defined by applicable law, if hired, my employment is to be "at will" and that either I, or my employer, may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and a duly authorized officer of the City of Garfield Heights. In the event of employment, I also understand and agree to abide by all City of Garfield Heights rules and regulations.

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

\_\_\_\_\_  
**Date Signed**

\*The City of Garfield Heights, Ohio is an equal opportunity employer.