

EDUCATION

Place an "X" in the box next to the highest school year completed (FOR SUMMER REC DEPT. ONLY:
Place an "X" 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: Date:	Major:	
Graduate School/Other	Name/Address:	Degree: Date:	Major:	

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.)

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		
		FROM	TO	Summarize work performed and your job tasks
1. Current or most recent employer:	Phone #:			
Address:		Starting Salary \$		
City/State/Zip:				
Job Title(s):				
Part-Time				
Full-Time				
Supervisor:				
Reason for Leaving:				
2. Employer	Phone #:			
Address:		Starting Salary \$		
City/State/Zip:				
Job Title(s):				
Part-Time				
Full-Time				
Supervisor:				
Reason for Leaving:				
3. Employer	Phone #:			
Address:		Starting Salary \$		
City/State/Zip:				
Job Title(s):				
Part-Time				
Full-Time				
Supervisor:				
Reason for Leaving:				
1. Employer	Phone #:			
Address:		Starting Salary \$		
City/State/Zip:				
Job Title(s):				
Part-Time				
Full-Time				
Supervisor:				
Reason for Leaving:				
2. Employer	Phone #:			
Address:		Starting Salary \$		
City/State/Zip:				
Job Title(s):				
Part-Time				
Full-Time				
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

PROFICIENCY LEVEL

BEGINNER	INTERMEDIATE	ADVANCED
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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.