



EMPLOYMENT APPLICATION

Equal Opportunity Employer

Applications are accepted only for positions that are currently open. Applicants are considered without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Reference No. of Position applied for: _____ Date of Application: _____

Name: _____ SS# _____
Last First Middle

Address: _____
Number Street City State Zip

Phone Number(s) Day _____ Evening _____ E-mail _____

If you are under 18, can you provide required proof of your eligibility to work? Yes _____ No _____

Have you ever filed an application with us before? Yes _____ No _____
If yes, when? _____

Have you ever been employed with the City of Broadview Heights in the past? Yes _____ No _____
If yes, when? _____

Do any of your friends or relatives work for the City? Yes _____ No _____
If yes, who? _____

Are you currently employed? Yes _____ No _____
If so, may we contact your present employer? Yes _____ No _____

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes _____ No _____
(Note: Proof of citizenship or immigration status will be required upon employment.)

Work availability:
Full time: _____ Preferred shift: 1(days) 2 (afternoons) 3(nights)
Part time: _____ Morning Afternoon Evening
Temporary: _____
Dates available: _____ through _____

Are you currently on "lay-off" status, subject to recall? Yes _____ No _____

(A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.)

How did you learn about us? Advertisement
Employment Agency Relative Friend
Inquiry Other _____

APPLICANT'S STATEMENT

I certify that the answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond that should inquire as to whether or not applications are being accepted at that time. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge the employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signed: _____
Signature of Applicant

Date: _____

EMPLOYMENT HISTORY

- Start with your current or last job – include military service and self-employment.
- Any change of job title under the same employer should be considered a separate position.

1. Employer		Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed / / - / /	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
Duties Performed:			
Starting Rate/Salary	Ending Rate/Salary	Reason for Leaving	
2. Employer		Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed / / - / /	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
Duties Performed:			
Starting Rate/Salary	Ending Rate/Salary	Reason for Leaving	
3. Employer		Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed / / - / /	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
Duties Performed:			
Starting Rate/Salary	Ending Rate/Salary	Reason for Leaving	
4. Employer		Telephone Number	Supervisor's Name
Type of Business		Address	
Your Job Title	Dates Employed / / - / /	<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	
Duties Performed:			
Starting Rate/Salary	Ending Rate/Salary	Reason for Leaving	

EDUCATION AND TRAINING

	Name of School / City, State	Course of Study Major / Minor	Number of Years Completed	Diploma / Degree Earned
High School				
Undergraduate College				
Graduate / Professional				

Other Education / Training / Skills / Certifications : _____

SPECIALIZED SKILLS

_____ Terminal	_____ Spreadsheet	Other / Programs (list)	Production/Mobile Machinery (list)
_____ PC/MAC	_____ Word Processing	_____	_____
_____ Shorthand	_____ WPM	_____	_____
		_____	_____

State any additional information you feel may be helpful to us in considering your application, including any extra-curricular activities and job-related training in the U.S. Military.

ADDITIONAL INFORMATION

List professional, trade, business or civic activities and offices held: _____

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. _____ Yes _____ No

REFERENCES

1. Name _____ Phone Number(s) _____
Address _____

2. Name _____ Phone Number(s) _____
Address _____

3. Name _____ Phone Number(s) _____
Address _____

PERSONNEL DEPARTMENT USE ONLY

Hired: ___ Yes ___ No Date of Employment: _____ / _____ / _____

Position: _____ Department: _____

Salary: _____ By: _____
NAME & TITLE DATE

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

City of Broadview Heights

9543 Broadview Rd.

Broadview Heights, Ohio 44147

(440) 526-3013

BACKGROUND RELEASE AUTHORIZATION FORM

NAME: _____
(First) (Middle) (Last) (Maiden)

Date of Birth: _____ Sex _____ Social Security Number _____

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of the City of Broadview Heights, whether the said records are of public, private or confidential nature.

The intent of this authorization is to give my consent for full and complete disclosure of the records of educational institutions, financial or credit institutions, including records of deposits, withdrawals and balances of checking and saving accounts and loans and also the records of commercial or retail credit agencies (including credit reports and or ratings), Public utilities companies, employment and pre-employment records, including background reports, efficiency ratings, complaints or grievances filed by or against me and salary records. Real and personal property, tax statements and records and other financial statements and records wherever filed. Records of complaint, arrest trial and/or convictions for alleged or actual violations of law, including criminal, civil and or traffic records, the results of any polygraph examinations, records of complaint of a civil nature made by or against me, wheresoever located and to include the records of recollections of attorneys at law or of other counsel whether representing me or another person in any case in which I presently have or have had an interest.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for the City of Broadview Heights to consider in determining my suitability for employment by that city. It is my specific intent to provide access to personal information, however personal or confidential it may appear to be and the sources of information specifically identified herein.

I understand that any information obtained by a personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining suitability for employment by the City of Broadview Heights. I understand that all materials pertaining to this background investigation become the property of the City of Broadview Heights and will not be returned to me.

I agree to indemnify and hold harmless the person to whom this request is presented and his agents or employees, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by the reason of complying with this request. I further understand that in the event my application is disapproved the sources of confidential information cannot be revealed to me.

A photocopy of this release form will be valid as an original hereof, even though the said photocopy does not contain an original writing of my signature.

Must be signed in the presence of a notary.

(Applicants Signature)

Subscribed and sworn before me this ____ day of _____ 20__

(Applicants Address)

Notary's Signature _____

My commission expires _____

SEAL HERE