



City of Brecksville Application for Employment

Position: _____

Do you wish to work: Full-time Part-time Temporary/Seasonal

Date Available: _____

General Information

Name:

Last _____ First _____ Middle _____ Last 4 Digits of SSN# _____

Present Residence:

Address _____ City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

<p>Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Are you legally authorized to work in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>

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

Name and contact information of person to be notified in case of an accident or emergency:

Name & Relationship _____ Phone # _____

Address _____ City _____ State _____ Zip _____

Do you have a valid drivers' license? Yes No

Drivers' license number _____ State issuing board _____ Date issued _____ Expiration date _____

Education Information				
	Name & Address	Years Attended	Subjects Studied	Did You Graduate?
Elementary School				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trades/Business/ Correspondence				<input type="checkbox"/> Yes <input type="checkbox"/> No
Please describe any distinctive course, seminars and/or training that you have completed that would enable you to perform the position for which you are applying				
Please list academic honors extracurricular activities, offices held...etc. in high school or college				

Are you receiving a benefit from OPERS or another Ohio retirement system? Yes No

Employment History (begin with the most recent)				
Employer Name & Address	Position	Start/End Dates	Salary	Reason for Leaving
		From		
		To		
		From		
		To		
		From		
		To		

Professional References Please list three references who are not relatives or employees	
Full Name	Phone
Address	Occupation
Full Name	Phone
Address	Occupation
Full Name	Phone
Address	Occupation

Current Extra Curricular Activities			
Summer	Fall	Winter	Spring

Availability Please indicate estimated days and times you would be available to work.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From:							
To:							
From:							
To:							

Certification

I certify that the information provided on this application is accurate and is made in good faith. I agree and understand that any mis-statement of facts contained in this application may disqualify me for any employment or result in my removal from employment with the City of Brecksville. I further understand that if I am extended a conditional offer of employment, I may be required to submit to a complete physical examination, including but not limited to blood and/or urine tests, drug testing and background check and that my employment is conditioned upon the results. I authorize the City of Brecksville through its employees, contractors and agents to verify any information concerning my previous employment, education, criminal or driving his story with the appropriate individuals, companies, institutions or agencies and I authorize them to release such information the City requires, including my prior disciplinary employment records, without any obligation to me written notice of such disclosure. I hereby release the City of Brecksville and its employees, contractors, and agents and any disclosing personnel or legal entity from any liability whatsoever as a result of such inquiries and disclosure. Convictions or felonies or certain misdemeanors may result in potential disqualification.

Signature of Applicant _____ Date _____

Minors Only: I hereby consent to the City of Brecksville conducting or arranging to conduct a criminal background check upon the above named minor.

Signature of Parent or Legal Guardian _____ Date _____

Equal Opportunity Employer

As an Equal Opportunity Employer, the City of Brecksville does not discriminate on the basis of race, color, religion, sex, national origin, age, disability or genetic information.