



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:

No. & Street Name _____ City _____ State _____ Zip _____

Home Phone _____

Work Phone _____

Cell Phone _____

Email Address _____

Are you a U.S. Citizen?

Yes No

Are you legally authorized to work in the United States?

Yes No

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

Are you able to carry out all necessary job assignments/functions and perform them in a safe manner? Yes No

Name and address of persons to be notified in case of and accident or emergency

Name & Relation _____ Phone # _____

No. & Street Name _____ City _____ State _____ Zip _____

Do you have a drivers' license? Yes _____ No _____

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

Commercial 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
				<input type="checkbox"/> Yes <input type="checkbox"/> No
High School				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
College/University				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trades/Business/Correspondence				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<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				

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

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

Professional References Please list three references who are not relatives or employees

Name	Occupation
Address	Phone #

Name	Occupation
Address	Phone #

Name	Occupation
Address	Phone #

Certification

I certify that the information provided on both sides of the application is accurate and is made in good faith. I agree and understand that any misstatement 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 history with the appropriate individuals, companies, institutions, or agencies and I authorize them to release such information as the City requires, including my prior disciplinary employment records, without any obligation to give 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 of felonies or certain misdemeanors may result in potential disqualification.

Signature of Applicant _____ 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.