

# Application for Employment

## City of Brook Park, OH



Michael D. Gammella, Mayor

Debi Alaimo, Commissioner, Human Resources  
6161 Engle Road Brook Park, OH 44142 216-433-1300 Fax 216-433-1511

### Personal Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

City, State Zip: \_\_\_\_\_

Home Phone/Cell Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

US Citizen? \_\_\_\_\_ If Not Give Visa No. & Expiration: \_\_\_\_\_

### Position Applying For

Title: \_\_\_\_\_ Salary Desired: \_\_\_\_\_

Referred By: \_\_\_\_\_ Date Available: \_\_\_\_\_

### Education

High School (Name, City, State): \_\_\_\_\_

Graduation Date: \_\_\_\_\_

Business or Technical School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Undergraduate College: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

Graduate School: \_\_\_\_\_

Dates Attended: \_\_\_\_\_ Degree, Major: \_\_\_\_\_

### References

---

---

---

---

**Former Employers** List below the last three employers, starting with the most recent first.

**Name of Present or Last Employer:** \_\_\_\_\_

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

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ May we contact your supervisor? \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Name of Previous Employer:** \_\_\_\_\_

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

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ May we contact your supervisor? \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Name of Previous Employer:** \_\_\_\_\_

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

Starting Date: \_\_\_\_\_ Leaving Date: \_\_\_\_\_ Job Title: \_\_\_\_\_

Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_ May we contact your supervisor? \_\_\_\_\_

Description of Work: \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Service Record**

Branch of Service \_\_\_\_\_ Discharge Date & Rank \_\_\_\_\_

Present Membership National Guard/ Reserves \_\_\_\_\_ Date Obligation Ends \_\_\_\_\_

\*\*You must attach discharge papers or other proof of service to receive credit.

Do you have a valid driver's license? \_\_\_\_\_ Have you been convicted of a felony in the last 5 years? \_\_\_\_\_

**Authorization**

I understand and agree that I may be required to take one or more of the following: Physical examination (including drug and alcohol screening); lie detector tests (safety forces only) as a condition of hiring or continued employment. I agree to consent to take such tests at such time designated by the City and to release the City, its Director's, officers, agents, or employees from any claim arising in connection with the use of such tests.

I certify that the facts contained in this application are true and complete to the best of my knowledge and I understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and pertinent information they may have, personal or otherwise and release all parties from all liability for any damage that may result from furnishing same to you. I also agree to have a credit check done if deemed necessary for my employment.

I understand and agree that, if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without any prior notice.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_