

**Application for Employment**  
**City of Brook Park, OH**  
**Edward A. Orcutt, Mayor**



Charles Rednour, Commissioner, Human Resources

6161 Engle Road Brook Park, OH 44142 216-433-1300 Fax 216-433-1511

The City of Brook Park is an equal opportunity employer and does not discriminate against otherwise qualified applicants on the basis of race, color, creed, religion, ancestry, age, sex, marital status, national origin, disability or handicap, or veteran status.

**TODAY'S DATE:**

**PERSONAL:**

**Name**

*Last*

*First*

*Middle*

**Address**

*Number & Street*

*City*

*State*

*Zip Code*

Position Sought \_\_\_\_\_ Full Time ☐ Part Time ☐

Date Available \_\_\_\_\_ Salary Desired \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Social Security Number \_\_\_\_\_ Are you over 18 years old? ☐ Yes ☐ No

Are you legally eligible for employment in the United States? ☐ Yes ☐ No

*(If offered employment, you will be required to provide documentation to verify eligibility.)*

**EDUCATION:** Please indicate education or training which you believe qualifies you for the position you are seeking.

**High School:** Number of Years Completed (*circle one*) **1 2 3 4**

**Diploma:** ☐ Yes ☐ No **G.E.D.:** ☐ Yes ☐ No

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

**College and/or Vocational School:**

Number of Years Completed (*circle one*) **1 2 3 4**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major \_\_\_\_\_ Degree(s) Earned \_\_\_\_\_

**Other Training or Degrees:**

School(s) \_\_\_\_\_ City/State \_\_\_\_\_

Major/Course \_\_\_\_\_ Degree or Certificate Earned \_\_\_\_\_

**LIST PROFESSIONAL LICENSE, MEMBERSHIPS OR OTHER CERTIFICATIONS:**

You need not disclose membership in professional organizations that may reveal information regarding race, color, creed, sex, religion, national origin, ancestry, age, disability, marital status, veteran status or any other protected status.

**SKILLS :**

Office: Data Entry ☐ Excel ☐ Word ☐ PowerPoint ☐ Outlook ☐ Other ☐ Typing ☐ WPM ☐ Other ☐

Have you ever been employed in any facility of the City of Brook Park? ☐ Yes ☐ No

If so, please state position held, location and dates of employment: \_\_\_\_\_

**This application for employment is good for 60 days only. Consideration for employment after 60 days requires a new application.**

**EMPLOYMENT:** List last employer first, including U.S. Military Service.

May we contact your present employer? \_\_\_\_ Yes \_\_\_\_ No

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

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Position held \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Full time \_\_ Part time \_\_ If part time, number of hours \_\_\_\_ Reason for Leaving \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Position held \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Full time \_\_ Part time \_\_ If part time, number of hours \_\_\_\_ Reason for Leaving \_\_\_\_\_

**Previous Employer:** \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_ Position held \_\_\_\_\_

Dates of Employment: From \_\_\_\_\_ To \_\_\_\_\_

Salary \_\_\_\_\_ Supervisor \_\_\_\_\_ Department \_\_\_\_\_

Duties \_\_\_\_\_

Full time \_\_ Part time \_\_ If part time, number of hours \_\_\_\_ Reason for Leaving \_\_\_\_\_

Explain any gaps in work history: \_\_\_\_\_

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**PROFESSIONAL REFERENCES:**

**Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**Name** \_\_\_\_\_

Address \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

**APPLICANT'S CERTIFICATION AND AGREEMENT**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge and authorize the City of Brook Park to verify their accuracy and to obtain reference information on my work performance. I hereby release the City of Brook Park from any/all liability of whatever kind and nature which, at any time, could result from obtaining and having an employment decision based on such information. I understand that, if employed, falsified statements of any kind or omissions of facts called for on this application shall be considered sufficient basis for dismissal. I understand that should an employment offer be extended to me and accepted that I will fully adhere to the policies, rules and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Signature of Applicant \_\_\_\_\_ Date: \_\_\_\_\_