

Application for Employment



City of Warrensville Heights

4301 Warrensville Center Road
Warrensville Heights, Ohio 44128

Instructions:

Please print and complete all information requested on the application. Do not attach a resumé in lieu of completing the application. Be sure to sign and date the application on the last page.

First Name	M.I.	Last Name	FOR OFFICE USE ONLY	
Phone Number	Alternate Phone Number			Name
Address				Dept.
City, State, Zip				Hire Date
Position applied for				Position
Special training, skills, or licenses that would be of benefit in the job for which you are applying: _____ _____ _____ _____				Rate
				Note

Would you accept full time work? Yes No

Would you accept part time work? Yes No

On what date will you be available for work? _____

Have you ever been employed here before? Yes No
If yes, give dates: From _____ To _____

Do you have legal right to be employed in the U.S.? Yes No
(If yes, proof is required.)

Are you of legal age to work? Yes No

Do you have a valid driver's license? Yes No

Have you ever been convicted of a felony? Yes No
If yes, state type of offense, date and location.

Educational Background

Circle highest school year completed:

Elementary							
1	2	3	4	5			
6	7	8					

High School			
1	2	3	4

College/University			
1	2	3	4

Graduate/Professional			
1	2	3	4

HIGH SCHOOL

Name		Address	
City, State, Zip		Phone Number ()	
Course of study		Did you graduate?	
Degree or diploma?		Date	
Did you receive a High School Equivalency diploma (GED)? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, Date of issue: _____ Number: _____			

COLLEGE

Name		Address	
City, State, Zip		Phone Number ()	
Course of study		Did you graduate?	
Degree?		Date	

GRADUATE OR PROFESSIONAL SCHOOL

Name		Address	
City, State, Zip		Phone Number ()	
Course of study		Did you graduate?	
Degree?		Date	

VOCATIONAL TRAINING

Name		Address	
City, State, Zip		Phone Number ()	
Course of study		Did you graduate?	
Degree or certificate?		Date	

CONTINUING EDUCATION

Previous Employers

Instructions:

Please place an X by the employer(s) you do not want us to contact. List your most recent employer first.

Company Name		Address	
City, State, Zip		Phone Number ()	
Employed From	Employed To	Reason for leaving	Most recent salary or wage

Briefly describe your job duties:

Company Name		Address	
City, State, Zip		Phone Number ()	
Employed From	Employed To	Reason for leaving	Most recent salary or wage

Briefly describe your job duties:

Company Name		Address	
City, State, Zip		Phone Number ()	
Employed From	Employed To	Reason for leaving	Most recent salary or wage

Briefly describe your job duties:

Company Name		Address	
City, State, Zip		Phone Number ()	
Employed From	Employed To	Reason for leaving	Most recent salary or wage

Briefly describe your job duties:

Authorization and Notifications

PLEASE READ THE FOLLOWING CAREFULLY

Authorization To Obtain Information

I authorize the City of Warrensville Heights to conduct a background investigation in connection with my application for employment. This investigation may include information as to my credit, schools attended, police convictions, Bureau of Motor Vehicles records, present and past employers, professional and personal references, and military records.

I authorize the release of any information that the City of Warrensville Heights may request from the above sources. All information received by the City will only be used by the City in accordance with applicable law.

ADA Notification

Under the Americans with Disabilities Act (ADA), I understand that I have a right to ask for reasonable accommodations at any stage of the employment process. It is my responsibility to contact the Personnel Department of the City of Warrensville Heights if reasonable accommodations are needed.

Employment Acknowledgement

I certify that all information on this application is true and complete, and I understand that if any misrepresentations, false information or omissions are discovered, my application will be rejected and if I am employed, my employment may be terminated at any time. I also certify that all information which I now or hereafter provide to the City concerning the eligibility and continuing eligibility of dependents for healthcare insurance is true and that if any untrue statement, misrepresentation, or false information is provided, my employment may be terminated and I will be obligated to repay to the City all sums due which may be deducted from my wages. In consideration of my employment, I agree to abide by all City ordinances, rules, and policies.

Applicant's Signature

Date

"We are an equal opportunity employer dedicated to a policy of non-discrimination in the terms and conditions of employment on the basis of race, sex, color, religion, sexual orientation, national origin, age, disability, genetic information, veteran status or any other characteristic protected by law."