

## Employment Application

### SECTION I - PERSONAL INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Street Address \_\_\_\_\_

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

Home Telephone ( ) \_\_\_\_\_ - \_\_\_\_\_ Cellphone ( ) \_\_\_\_\_ - \_\_\_\_\_

Work Telephone (Optional) ( ) \_\_\_\_\_ - \_\_\_\_\_ Extension \_\_\_\_\_

Position Applying for: \_\_\_\_\_

I am interested in:	Yes	No	Yes	No	
Full-time permanent work?	<input type="checkbox"/>	<input type="checkbox"/>	Temporary work?	<input type="checkbox"/>	<input type="checkbox"/>
Part-time work?	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal work only?	<input type="checkbox"/>	<input type="checkbox"/>

*Please answer all of the questions listed below.*

- |   |                          |                          |
|---|--------------------------|--------------------------|
|   | Yes                      | No                       |
| 1. Are you willing and able to secure an Ohio Driver's License, if a license is required?       | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a valid Commercial Driver's License? (for Service Dept. only)                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed in State, County or Municipal service of Ohio?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been convicted of a felony?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Can you perform the job-related requirements of the specific job for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |

*If you have answered "Yes" to questions 3 or 4, or "No" to question 5, please explain in full below, indicating by number the question to which you are responding:*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### IN CASE OF EMERGENCY - CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

### REFERENCES

List the names and addresses of 3 individuals, other than relatives, whom we may contact for a professional/personal recommendation:

Name	Address	City	State	Zip	Phone
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

**SECTION II - EXPERIENCE**

*Please print legibly or type your past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach additional sheets if necessary. Volunteer work may also be included as employment.*

**Note: A resume may not be used as a substitute for completing this page.**

*Present or most recent job:*

Employer's name \_\_\_\_\_ From: M/Y \_\_\_\_\_ To: M/Y \_\_\_\_\_

Employer's address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job title/classification \_\_\_\_\_ Salary: starting \_\_\_\_\_ ending \_\_\_\_\_

Duties performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Next most recent job(s):*

Employer's name \_\_\_\_\_ From: M/Y \_\_\_\_\_ To: M/Y \_\_\_\_\_

Employer's address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job title/classification \_\_\_\_\_ Salary: starting \_\_\_\_\_ ending \_\_\_\_\_

Duties performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer's name \_\_\_\_\_ From: M/Y \_\_\_\_\_ To: M/Y \_\_\_\_\_

Employer's address \_\_\_\_\_

Reason for leaving \_\_\_\_\_

Job title/classification \_\_\_\_\_ Salary: starting \_\_\_\_\_ ending \_\_\_\_\_

Duties performed: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION III - EDUCATION and TRAINING**

Last grade or level completed	High School Education	Major or Specialization	Diploma or GED
	Name Address		
	Post High School Education		Degree or Certificate Earned
	Name Address		
	Name Address		

Other Special Skills and Training (including hobbies, software and equipment that would be relevant to this position):

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**APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED:**

I affirm that the answers I provided to each and all of the questions on this application are complete and true to the best of my knowledge and belief. I hereby consent to the disclosure to the City of Beachwood by any physician or other person who has attended to or examined me or who may hereafter examine me, by any school, college or university which I attended, or by past employers, of any knowledge, records or information regarding me. Falsification of any information provided by me above is grounds for dismissal.

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Position: \_\_\_\_\_  Full-time  Part-time  Temporary  Seasonal

This individual is being recommended for an additional seasonal position  Yes  No (If Yes, see seasonal box below)

**Complete below *only* if applicable to the type of position.**

Salary and Longevity

Compensation: Salary \$ \_\_\_\_\_/year Rate \$ \_\_\_\_\_/hour

Prior Service credit:  Yes - number of years \_\_\_\_\_  No

Service Verified:  Yes  No

Longevity Eligibility:  Yes, amount per year \$ \_\_\_\_\_  No

Sick leave transferred:  Sick hours \_\_\_\_\_

Vacation granted: Weeks \_\_\_\_\_ after (week/yr) \_\_\_\_\_

Personal leave effective:  Immediately  After 90 days Hours in first year: \_\_\_\_\_

Probationary Period:  1 year  Other \_\_\_\_\_

Additional Position: _____  Compensation:  Rate \$ _____/per hour  Start Date: ____ / ____ / ____
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Disposition: Approved for hire  Yes  No Start Date: \_\_\_\_\_

If no, retain in review file  Yes  No

Recommended by: \_\_\_\_\_ Date: \_\_\_\_\_

Department Director

Authorized by: \_\_\_\_\_ Date: \_\_\_\_\_

Mayor

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**FOR FINANCE USE ONLY**

New Hire  Rehire File No. \_\_\_\_\_

Entered by: \_\_\_\_\_ Reviewed by: \_\_\_\_\_

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Comments:

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