

APPLICATION FOR EMPLOYMENT

The CITY OF SOUTH EUCLID is an **Equal Opportunity Employer** and complies with Federal, State and Local equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, marital status, military status, disability or any other protected basis.

Last Name:

PERSONAL INFORMATION			Application Date
Last Name	First Name	Middle Initial	Telephone Number
Present Address	No. and Street	City	State
Permanent Address	No. and Street	City	State
If you are not a citizen of the United States, please indicate your authorization to be employed.		Have you ever been convicted of a felony in the last 5 years? <input type="checkbox"/> yes <input type="checkbox"/> no If yes, explain	

EDUCATION & TRAINING

	Name of School, City & State	Degree and Major
High School *		
Business/Technical School		
College/University		
Graduate School		
Other		

First Name:

* If you did not graduate, did you receive a G.E.D.? Yes No
 Use this space for an explanation of additional skills, tools, licenses or specialized training you have received:

List computer software you can use proficiently:

Typing words per minute:

PREVIOUS EMPLOYMENT

Please Explain Any Gap In Employment History Below

Please List Most Recent Employment First	General Information	Position	Salary	Reason for Leaving
Company Name:	Supervisor Name/Title:			
Address:	Supervisor Phone Number: ()			
Company Name:	Supervisor Name/Title:			
Address:	Supervisor Phone Number: ()			
Company Name:	Supervisor Name/Title:			
Address:	Supervisor Phone Number: ()			
Company Name:	Supervisor Name/Title:			
Address:	Supervisor Phone Number: ()			

Occupation/Position Desired:

REFERENCES

PLEASE LIST 3 NON-RELATIVES WHO ARE FAMILIAR WITH YOUR WORK BACKGROUND

NAME	ADDRESS	TELEPHONE	RELATIONSHIP	YEARS KNOWN

GENERAL INFORMATION

PLEASE PROVIDE ANY INFORMATION TO THE WORK/POSITION YOU ARE SEEKING THAT WILL ASSIST IN EVALUATING YOUR CREDENTIALS/EXPERIENCE. FOR EXAMPLE: ACCOMPLISHMENTS, OR KNOWLEDGE NOT LISTED UNDER PREVIOUS EMPLOYMENT.

EMPLOYMENT DESIRED	Date You Can Start	Salary Desired
Position(s) applied for	Are you currently employed?	If so, may we contact your present employer?
If you have applied to this company before, please indicate where and when.	If you have relatives employed by this company, please give names.	
If you have ever worked for this company before, please indicate when and position held.		

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous note. Any offer of employment is contingent upon successfully completing a background investigation and medical examination.

Date: _____

Signature: _____

*The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Some states prohibit discrimination because of age. The Age Discrimination in Employment Act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act of 1990 prohibits discrimination based upon disability and requires reasonable accommodations for known disabilities.

To Be Completed With W-4 Form After Hire

SUPPLEMENTAL EMPLOYMENT DATA FOR NEWLY HIRED EMPLOYEES

Last Name	First Name	Middle Initial	Clock No. Dept.	Date of Hire
In Case of Emergency Notify:	Name	Address		Telephone Number
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other			Name of Spouse:	
MILITARY RECORD				
Served in the U.S. Armed Forces: No: Yes:	Branch of Service:	Grade at Discharge:	Type of Duty Assignment:	
Dates of Service: From: To:				

I agree to be responsible for Company equipment and materials in my custody; and to allow investigation of all statements on this form. I understand that my employment may be terminated at any time, at either party's option, my compensation ceasing at time of termination. I authorize deduction from my final pay of any indebtedness to the Company. I understand my employment will be subject to immediate termination if I have falsified or willfully omitted any information requested on this form.

(Date)_____
(Signature of Employee)

APPLICANT STATEMENT

I understand that the information provided on this Application (and accompanying resume, if any) must be true and completed to the best of my knowledge. I also understand that any false information or omission may disqualify me from further consideration of employment and may result in my dismissal if discovered at a later date. I certify that all information I have provided in order to apply for and secure employment with the City of South Euclid is true, complete and accurate.

I authorize the investigation of my past employment and relevant activities and all statements contained in this Application (and accompanying resume, if any). I also authorize the City of South Euclid to contact my references and any current or past employers, except as otherwise noted on this Application, to obtain information concerning my experience, education, and personal character, and I release the City of South Euclid from any liability related to such investigation.

I authorize any person, school, current employer, past employer(s), and organizations named in this Application (and accompanying resume, if any) to provide the City of South Euclid with any relevant information and opinion that may be useful to the City of South Euclid in its consideration of my application, and I release them from any liability related to the provision of such information.

If an employment relationship is established, I understand that I must comply with City ordinances, policies, rules and procedures as are implemented from time to time and that the City may add to, delete or revise these ordinances, policies, rules and procedures at any time.

I understand and agree that, if hired, my employment is for no definite period of time, and may be terminated at will by me or the City of South Euclid at any time, for any reason. However, I also understand that some employees' terms and conditions of employment may be governed by a collective bargaining agreement. If there should be a conflict between any language contained in this Application and the applicable collective bargaining agreement, all conflicts will be resolved in favor of the language contained in the collective bargaining agreement.

My signature below certifies that this Application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date