



EMPLOYMENT APPLICATION

Please Print

2300 Warrensville Center Road
University Heights, Ohio 44118
Phone: (216) 932-7800 Fax: (216) 932-8531
Email: universityheights@universityheights.com

NAME _____
Last First Middle

SSN: _____ Driver's License # _____ State _____

ADDRESS: _____
Street Apt.# State Zip Code

HOME PHONE: _____ WORK PHONE: _____ CELL _____

POSITION(S) APPLIED FOR: _____
 FULL TIME PART TIME TEMPORARY

WHEN CAN YOU BEGIN? _____

EDUCATION

Last year of school completed: _____ Do you have a high school diploma /GED Cert. Yes No

If you attended college OR trade school, please indicate:

SCHOOL	DATES ATTENDED	DEGREE (major/minor)
_____	_____	_____
_____	_____	_____

List special skills (i.e., computer software, certifications):

EMPLOYMENT HISTORY:

Begin with your present or most recent position. List ALL positions held for the past pen (10) years.
Use back of sheet if necessary

- | | |
|---|---|
| <p>1. EMPLOYER _____</p> <p>ADDRESS _____</p> <p>TELEPHONE NUMBER(S) _____</p> <p>JOB TITLE _____</p> <p>DATES OF EMPLOYMENT: FROM _____ To _____</p> <p>REASON FOR LEAVING _____</p> <p>WORK PERFORMED _____</p> | <p>3. EMPLOYER _____</p> <p>ADDRESS _____</p> <p>TELEPHONE NUMBER(S) _____</p> <p>JOB TITLE _____</p> <p>DATES OF EMPLOYMENT: FROM _____ To _____</p> <p>REASON FOR LEAVING _____</p> <p>WORK PERFORMED _____</p> |
| <p>2. EMPLOYER _____</p> <p>ADDRESS _____</p> <p>TELEPHONE NUMBER(S) _____</p> <p>JOB TITLE _____</p> <p>DATES OF EMPLOYMENT: FROM _____ To _____</p> <p>REASON FOR LEAVING _____</p> <p>WORK PERFORMED _____</p> | <p>4. EMPLOYER _____</p> <p>ADDRESS _____</p> <p>TELEPHONE NUMBER(S) _____</p> <p>JOB TITLE _____</p> <p>DATES OF EMPLOYMENT: FROM _____ To _____</p> <p>REASON FOR LEAVING _____</p> <p>WORK PERFORMED _____</p> |

Have you ever worked for the City of University Heights? _____ If yes, Date(s) _____

Do you have any of the following relatives working for our Municipality (spouse, parents, parent-in-law, grandparents, brothers, sisters, children, aunts, uncles, brothers and sister-in-law, nieces and nephews and grandchildren). If yes:

NAME	RELATIONSHIP	NAME	RELATIONSHIP
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE LIST THREE (3) PERSONAL REFERENCES:

1.	_____	_____	_____	_____
	Name	Address	City/Zip	Year Known
2.	_____	_____	_____	_____
	Name	Address	City/Zip	Year Known
3.	_____	_____	_____	_____
	Name	Address	City/Zip	Year Known

Have you been convicted, pled no contest, or not guilty of a crime other than a minor traffic violation? NOTE: Conviction is not necessarily a bar to employment. Circumstances surrounding the conviction and job applied for will be considered.

CHARGES	LOCATION	DISPOSITION	DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PLEASE READ THE FOLLOWING STATEMENT CAREFULLY AND SIGN

SECTION A:

It shall be the policy of the City of University Heights to select an applicant deemed most suitable to fill each position in the City’s classification plan. Selection will be made on the basis of educational background, related work experience, and other work related factors. The City of University Heights is an “Equal Opportunity Employer.”

It is further the policy of the City of University Heights to recruit, hire, train and promote employees and applicants without regard to race, religion, political affiliation, handicap or disability, national origin, Veteran’s status, sex, or age.

SECTION B:

I hereby affirm that all statements made herein are true and correct. I authorize the City of University Heights to whatever investigations of my personal history it deems necessary. I understand that any false, misleading, or incomplete statements are grounds for refusal to hire or dismissal.

I authorize and request each former employer and person, firm or corporation, given as reference, to answer any and all question that may be asked, and to give any and all information that may be sought in connection with this application concerning my work habit, character or skill.

I hereby understand and acknowledge that any employment relationship with the City of University Heights is of an “at will” nature, which means that the Employee may resign at any time and the City may discharge Employee at any time for any and no reason, with or without notice. It is further understood that this “at will” employment relationship may not be changed by a written document or by conduct unless such change is specifically acknowledge in writing by the City Mayor.

The use of this application form does not indicate that there are any positions available and in no way obligates the City of University Heights.

APPLICANT’S SIGNATURE: _____ **DATE** _____