

**CITY OF UNIVERSITY HEIGHTS  
DEPARTMENT OF PUBLIC SAFETY**

2304 Warrensville Center Road  
University Heights, Ohio 44118  
(216) 932-1800 / (216) 932-2131 Fax

**\*\*An Equal Opportunity Employer\*\***

**EMPLOYMENT APPLICATION**

Application Must Be Fully Completed (*Please Print or Type*)

Position(s) Applied For: \_\_\_\_\_ Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_  
First Middle Last

Address: \_\_\_\_\_ Email: \_\_\_\_\_  
Street City State Zip

Telephone No.:   (    )   \_\_\_\_\_ If necessary, best time to call you at home is: \_\_\_\_\_

May we contact you at work? Yes  No  Work No.:   (    )   \_\_\_\_\_ Best time to Call: \_\_\_\_\_

Date available for work: \_\_\_\_\_ Are you on a lay-off and subject to recall? Yes  No

Type of employment desired: Full-time  Part-time  Temporary  Seasonal  Intern/Educational Co-Op

Are you at least 18 years of age or a high school graduate? Yes  No

If No, can you furnish a work permit? Yes  No

Have you filed an application here before? Yes  No

If Yes, give date(s): \_\_\_\_\_ Position(s) Applied For: \_\_\_\_\_

Have you ever been employed by the City of University Heights? Yes  No

If Yes, give date(s): **FROM:** \_\_\_\_\_ **TO:** \_\_\_\_\_ Department(s): \_\_\_\_\_

Do you have any relatives now employed by the City of University Heights? Yes  No

If Yes, give name, department and relationship: \_\_\_\_\_

Are you legally eligible for employment in this country? Yes  No

(Proof of U.S. citizenship or immigration status will be required upon employment)

If required, will you undergo a pre-employment physical with drug test? Yes  No

Can you perform the essential functions of the position(s) for which you are applying,  
with or without reasonable accommodation? Yes  No

If you answer **YES** to any of the following questions, please give details on bottom of this Page.

Have you ever been discharged or forced to resign from any position on the basis of unsatisfactory conduct or performance?

Yes  No

Have you ever been bonded in your current or previous job(s)?

Yes  No

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# Educational Background

PLACE AN "X" IN THE BOX NEXT TO THE HIGHEST SCHOOL YEAR COMPLETED:

<b>Elementary</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/>	<b>High School</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<b>College/University</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	<b>Graduate/Professional</b> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>
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SCHOOL NAME & ADDRESS		DIPLOMA/DEGREE		COURSE(S) OF STUDY	GPA/RANK
HIGH OR TRADE SCHOOL	Name: Address:	YES <input type="checkbox"/> NO <input type="checkbox"/>			
BUSINESS OR TECHNICAL	Name: Address:	YES <input type="checkbox"/> DATE: NO <input type="checkbox"/>			
COLLEGE OR UNIVERSITY	Name: Address:	DEGREE: DATE:		MAJOR:	
GRADUATE SCHOOL/OTHER	Name: Address:	DEGREE: DATE:		MAJOR:	

Did you receive a High School Equivalency diploma? YES  NO

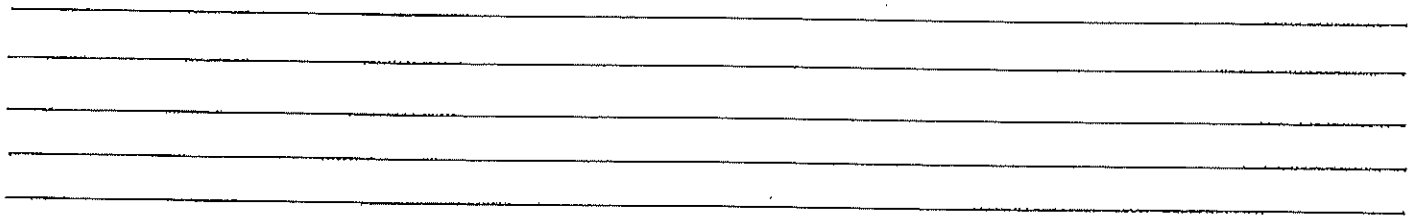
If Yes, give: Date of issue: \_\_\_\_\_ Number: \_\_\_\_\_ Granting Agency: \_\_\_\_\_

## References

List three persons, other than supervisors listed on Page Three, who are not related to you by blood or marriage, who we are free to contact and who have knowledge of your character, experience, or ability. Persons familiar with your present or past job performance are strongly preferred.

FULL NAME	COMPLETE BUSINESS OR HOME ADDRESS	OCCUPATION	PHONE

Use this space to explain your answers to any items on this Application. (Use additional sheets if necessary.)



# Employee History

In the space provided below, give a complete record of employment for not less than the past TEN YEARS, beginning with your present or most recent employment and working back. Account for all periods, including self-employment, unemployment, and service with the U.S. Armed Forces. Use additional sheets if necessary.

1. Current or Most Recent Employer		Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
			From	To	
Street City	State	Zip			
Job Title(s)		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Starting Salary Per		
Immediate Supervisor and Title			Final Salary Per		
Reason for Leaving:			If you are still employed here, may we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Employer		Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
			From	To	
Street City	State	Zip			
Job Title(s)		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Starting Salary Per		
Immediate Supervisor and Title			Final Salary Per		
Reason for Leaving:					
3. Employer		Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
			From	To	
Street City	State	Zip			
Job Title(s)		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Starting Salary Per		
Immediate Supervisor and Title			Final Salary Per		
Reason for Leaving:					
4. Employer		Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
			From	To	
Street City	State	Zip			
Job Title(s)		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Starting Salary Per		
Immediate Supervisor and Title			Final Salary Per		
Reason for Leaving:					
5. Employer		Telephone	Dates Employed		Summarize the nature of the work performed and job responsibilities.
			From	To	
Street City	State	Zip			
Job Title(s)		<input type="checkbox"/> Part-Time <input type="checkbox"/> Full-Time	Starting Salary Per		
Immediate Supervisor and Title			Final Salary Per		
Reason for Leaving:					

## Special Qualifications and Skills

A. Driver's License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

Type of License: Regular  Commercial (CDL) → CLASS: A  B

List all Endorsements: \_\_\_\_\_

List all Equipment you have operated requiring a CDL: \_\_\_\_\_

B. Approximate number of words per minute in:

Typing: \_\_\_\_\_ Word Processing: \_\_\_\_\_ Shorthand: \_\_\_\_\_

C. Describe your computer proficiency in the following areas:

**SOFTWARE/PROGRAM**

**PROFICIENCY LEVEL**

**BEGINNER      INTERMEDIATE      ADVANCED**

Microsoft Word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Excel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microsoft Access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Internet Research	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. List licenses, registrations or certifications which you possess. Also, list the State or other licensing authority for each, and the number and expiration date of the license. \_\_\_\_\_

My signature constitutes my certification that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for the City of University Heights to investigate the facts submitted; and for those with relevant information (including but not limited to, my prior employers and references) to release such information to the City of University Heights.

I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the interviewing or examination process, is grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I also understand that, if hired, my employment is to be "at will" and that either I, or my employer, may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me and a duly authorized officer of the City of University Heights.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date Signed