

The City of East Cleveland
DEPARTMENT OF HUMAN RESOURCES
14340 Euclid Avenue
East Cleveland, Ohio 44112-1635
(216) 681-2265

EQUAL OPPORTUNITY EMPLOYER – M/F/V/H
A Drug Free Workplace

APPLICATION FOR EMPLOYMENT
Resumes are not a substitute for this application
This application will remain active for **one (1) year**

PERSONAL DATA

Date of Application _____

Last Name	First	Middle	Social Security#	
Address _____				
Number and Street		City	State	Zip
Home Telephone# _____	Other Phone# _____	Best Time to Call _____		
May we contact you at Work? +Yes +No _____		Work Phone# _____		
Are you legally eligible for employment in this country? +Yes +No _____		If under 18, do you have a work Permit? +Yes + No _____		

Do you have a valid Ohio Driver's License? +Yes +No Enter Driver's license#: _____

Conviction will not necessarily be a bar to employment. All circumstances will be considered in relation to the position for which you are applying

GENERAL INFORMATION

Position(s) applied for _____

Referral Source

- + Job Posting Board + Newspaper Ad _____ (Name of newspaper)
- + Walk-in + Employee (Name) _____
- + Other _____

Date available for work _____

Have you ever been employed here before? +Yes +No

If yes, give dates and last position held From _____ To _____ Position _____

Type of employment desired + Full-time + Part-time + Temporary + Seasonal

If part-time work is desired, specify days and hours available. _____

EMPLOYMENT HISTORY

Complete all present and past employment, assignments or volunteer activities, starting with your most recent (use additional sheets if necessary). Explain any periods of unemployment in the COMMENTS section below.

Employer _____
Address _____
City, State, Zip _____
Telephone _____ Dates Employed From: _____ To: _____
Job Title _____ Highest Hourly Rate/Salary \$ _____ Per _____
Name of last supervisor _____ Summarize work performed/duties: _____

Reason for leaving: _____ May we contact? +Yes+No _____

Employer _____
Address _____
City, State, Zip _____
Telephone _____ Dates Employed From _____ To: _____
Job Title _____ Highest Hourly Rate/Salary \$ _____ Per _____
Name of last supervisor _____ Summarize work performed/duties: _____

Reason for leaving: _____ May we contact? +Yes+No _____

Employer _____
Address _____
City, State, Zip _____
Telephone _____ Dates Employed From: _____ To: _____
Job Title _____ Highest Hourly Rate/Salary \$ _____ Per _____
Name of last supervisor _____ Summarize work performed/duties: _____

Reason for leaving: _____ May we contact? +Yes+No _____

COMMENTS:

EDUCATION

A. List Schools attended, starting with High School. **B.** List number of years completed. **C.** Indicate degree or diploma earned, if any. **D.** Grade Point Average or Class Rank. **E.** Major field of study. Copies of certificates and/or degrees earned **must** be attached.

A. SCHOOL NAME OF SCHOOL,CITY, STATE	B. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR

SPECIAL TRAINING/SKILLS

+ Microsoft Suite + Excel + Word + Power Point
 Type of PC/software _____

Please summarize any other special training, skills, licenses and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

ADDITIONAL INFORMATION

List professional, trade, business, or civic associations and any offices held special accomplishments, publications, awards, etc.; any additional information you would like us to consider.

U.S. MILITARY SERVICE

U.S. Military Service? If yes, Branch of Dates of Service From: To:
 + Yes + No Service _____
 Reserve/National Guard? + Yes + No Reserve Status: _____



APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that all my answers and statements herein are complete and true. I understand that any falsification or omission may cause my application to be rejected, or my employment to be terminated.

I hereby authorize my former employers to furnish their records of my service, my reason for leaving their employ, together with all information they may have concerning me whether written or verbal. I release my former employer, its officers, agents and employees, from any liability whatsoever for releasing such information or opinion.

I realize that failure to successfully complete a Background Report and drug test may prevent me from securing employment with the City of East Cleveland.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

This application is current for one (1) year. At the conclusion of this time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to complete a new application.

If I am hired, I understand that I am free to resign at any time, I may terminate my employment for any reason or no reason, and the City reserves the same right to terminate my employment at any time, for any reason, except as may be required by law. I agree that nothing in this application form employment, or said to me inn any interview, or contained in the written materials given to me, is intended to be an offer or promise or agreement by the City to employ me for any specified period of time.

I understand it is the City's policy not to refuse to hire a qualified individual with a disability because of that person's need for a reasonable accommodation as required by the ADA.

I also understand that if I am hired, I will be required to provide proof of identity and legal work authorization.

The employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by local, state or federal law.

I also understand that I must comply with the City's residency requirement (ordinance 66-96).

If I am hired, I understand that I am free to resign at any time, I may terminate my employment for any reason or no reason, and the City reserves the same right to terminate my employment for any reason or no reason, and the City reserves the same right to terminate my employment at any time, for any reason except as may be required by law.

Signature of Applicant _____ Date _____



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AUTHORIZATION FOR RELEASE OF INFORMATION

I, _____, Social Security No. _____ authorize the release of
 (Applicant's Name)
 information below.

FOR EMPLOYER USE ONLY. DO NOT COMPLETE BELOW THIS LINE.

PREVIOUS EMPLOYER REQUEST

The applicant listed above is currently being considered for employment with the City of East Cleveland.
 Applicant states he/she was employee by you from _____ to _____
 As a _____ We would appreciate your evaluation of him/her as an
 employee.

This information will be considered confidential.

Employed as a _____ From _____ To _____

	Excellent	Good	Satisfactory	Unsatisfactory	Unknown	Comments
Initiative						
Job Ability						
Conduct						
Cooperatives						
Attitude						
Attendance						

+ Resigned + Laid Off + Terminated Why? _____

Would you re-employ? + Yes + No If no, why? _____

The information above was completed by:

Signature _____ Date _____
 Department _____ Telephone _____

EDUCATION REQUEST

The applicant listed above indicated that he/she attended _____ during the following period:
 _____. In addition, the following degree(s) were earned: _____

Please check the box which applies: The information above is accurate The information above is inaccurate

The information above was completed by:

Signature _____ Date _____
 Department _____ Telephone _____



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AFFIRMATIVE ACTION VOLUNTARY INFORMATION

Completion of information below is voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, age, veteran/reserve/national guard or any other similarly protected status.

To be completed by applicant on a voluntary basis. Not for interview process. To be completed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations that may apply, we invite you to complete this applicant data survey. Providing this information is STRICTLY VOLUNTARY. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

PLEASE PRINT

Position(s) Applied for _____ Date _____

REFERRAL SOURCE

+ Job Posting Board + Walk-in
+ Employee + Newspaper Advertisement – Source _____
+ School + Other _____

Name of person who referred you (if applicable) _____

APPLICANT INFORMATION

Name _____

Last First Middle

Address _____

Street City State Zip

+ Male + Female Vietnam Era Veteran? +Yes + No

If yes, dates of service _____

PLEASE CHECK ONE OF THE FOLLOWING EQUAL EMPLOYMENT OPPORTUNITY IDENTIFICATION GROUPS:

+ WHITE (not of Hispanic Origin) + BLACK (not of Hispanic Origin) + HISPANIC
+ AMERICAN INDIAN/ALASKAN NATIVE + ASIAN/PACIFIC ISLANDER

