

# CITY OF SHAKER HEIGHTS

## **An Equal Opportunity Employer**

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SHAKER  
HEIGHTS

### EMPLOYMENT APPLICATION

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

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

Name: \_\_\_\_\_

First Middle Last Email Address

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

Telephone #: ( ) \_\_\_\_\_ If necessary, best time to call you at home is: \_\_\_\_\_  
(Area Code)

May we contact you at work? **YES** Work #: ( ) \_\_\_\_\_ Best time to call: \_\_\_\_\_  
**NO** (Area Code)

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: \_\_\_\_\_

Were you referred by a City of Shaker Heights employee? **YES** **NO**

If **Yes**, name of employee? \_\_\_\_\_

Have you ever been employed by the City of Shaker Heights? **YES** **NO**

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

Do you have any relatives now employed by the City of Shaker 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*)

Are you willing to undergo a drug/nicotine test, criminal background check, and pre-employment physical if required? **YES** **NO**

If you are applying for a job in the Shaker Heights Municipal Court, are you willing to take a pre-employment polygraph exam? **YES** **NO**

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

*Reasonable accommodations may be made to enable individuals with disabilities to perform the essential tasks.*

Have you ever been terminated or forced to resign from any position on the basis of unsatisfactory conduct or performance? **YES** **NO**

**bottom of Page Two.**

# 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"/>

SCHOOL NAME & ADDRESS		DIPLOMA/ DEGREE	COURSE(S) OF STUDY	GPA/ RANK
HIGH OR TRADE SCHOOL	<b>Name:</b> <b>Address:</b>	YES NO		
BUSINESS OR TECHNICAL	<b>Name:</b> <b>Address:</b>	YES DATE: _____ NO		
COLLEGE OR UNIVERSITY	<b>Name:</b> <b>Address:</b>	DEGREE DATE:	MAJOR:	
GRADUATE SCHOOL/OTHER	<b>Name:</b> <b>Address:</b>	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	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
		From	To	
Street				
City	State	Zip		
Job Title(s)	Part-Time 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? <input type="checkbox"/> Yes <input type="checkbox"/> No			
2. Employer	Telephone	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
		From	To	
Street				
City	State	Zip		
Job Title(s)	Part-Time Full-Time	Starting Salary	Per	
Immediate Supervisor and Title		Final Salary	Per	
Reason for Leaving:				
3. Employer	Telephone	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
		From	To	
Street				
City	State	Zip		
Job Title(s)	Part-Time Full-Time	Starting Salary	Per	
Immediate Supervisor and Title		Final Salary	Per	
Reason for Leaving:				
4. Employer	Telephone	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
		From	To	
Street				
City	State	Zip		
Job Title(s)	Part-Time Full-Time	Starting Salary	Per	
Immediate Supervisor and Title		Final Salary	Per	
Reason for Leaving:				
5. Employer	Telephone	<b>Dates Employed</b>		Summarize the nature of the work performed and job responsibilities.
		From	To	
Street				
City	State	Zip		
Job Title(s)	Part-Time 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: 

Word Processing:	_____
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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 Shaker 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 Shaker 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 Shaker Heights.**

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

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



**AUTHORIZATION TO DO BACKGROUND CHECK FOR RELEASE OF CONFIDENTIAL INFORMATION AND WAIVER OF PRIVACY RIGHTS**

Please read the following before signing:

I, \_\_\_\_\_, hereby authorize the City of Shaker Heights and its agents  
(Name of employee or prospective employee)

or employees to conduct a background check on me, including in social media, and authorize the release of pertinent information concerning me from any source, including, but not limited to, past employers.

The undersigned applicant, in authorizing the City to conduct such checks and searches, hereby specifically WAIVES any right to PERSONAL PRIVACY he or she might have in the above information and RELEASES the City of Shaker Heights and any person or agency from ANY LIABILITY WHATSOEVER resulting from the release of such information to the City, and review of such information by the City.

My signature below certifies that my responses on the Application for Employment are true and complete to the best of my knowledge. I understand that employment is based on completion of all pre-employment requirements and procedures which may include:

1. Interviews
2. Urine drug screen
3. Urine test for nicotine
4. Criminal conviction record check/Truth verification
5. Pre-employment physical (if applicable to the position for which you are applying)
6. Education and reference checking
7. Motor vehicle record check
8. Testing (if applicable to the position for which you are applying)
9. Proof of identity and employment eligibility for work in the U.S.
10. Social media check

**Compliance with the City of Shaker Heights’ Drug and Nicotine Testing Policy is a condition of employment. Therefore, all job offers are made with the understanding that prospective employees pass a drug and nicotine screening test prior to being hired.**

**I understand and agree that any falsification or omission, either on this form or in response to questions asked during my interview or examination process or on employment forms I subsequently complete, including I-9 forms, shall be grounds for immediate termination, no matter when the falsification or omission is discovered.**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Employee or Prospective Employee**