

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 NO Work #: _____ Best time to call: _____
(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: _____

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)

If required, will you undergo a pre-employment physical with drug test and criminal background check? 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

Are you willing to accept a "no smoking" regulation in the workplace? 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.

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

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

Have you ever been convicted of a crime, or are there any criminal charges pending against you at the present time? (Include felonies, misdemeanors, traffic and military convictions) **Do not include parking violations or juvenile convictions.** Failure to admit is cause for disqualification. Falsification of application is sufficient grounds for disqualification. *

***Conviction may not necessarily disqualify you from employment.**

Educational Background

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

Elementary							
1	2	3	4	5	6	7	8

High School			
1	2	3	4

College/University			
1	2	3	4

Graduate/Professional			
1	2	3	4

SCHOOL NAME & ADDRESS		DIPLOMA/DEGREE		COURSE(S) OF STUDY	GPA/RANK
HIGH OR TRADE SCHOOL	Name:	YES	<input type="checkbox"/>		
	Address:	NO	<input type="checkbox"/>		
BUSINESS OR TECHNICAL	Name:	YES	<input type="checkbox"/>		
	Address:	DATE:			
		NO	<input type="checkbox"/>		
COLLEGE OR UNIVERSITY	Name:	DEGREE:		MAJOR:	
	Address:	DATE:			
GRADUATE SCHOOL/OTHER	Name:	DEGREE:		MAJOR:	
	Address:	DATE:			

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 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