

Employment Application

SECTION I - PERSONAL INFORMATION

Last Name _____ First Name _____ M.I. _____

Street Address _____

City _____ State _____ Zip _____

Home Telephone () _____ - _____ Cellphone () _____ - _____

Work Telephone (Optional) () _____ - _____ Extension _____

Email Address _____

Position Applying for: _____

I am interested in:	Yes	No		Yes	No
Full-time permanent work?	<input type="checkbox"/>	<input type="checkbox"/>	Temporary work?	<input type="checkbox"/>	<input type="checkbox"/>
Part-time work?	<input type="checkbox"/>	<input type="checkbox"/>	Seasonal work only?	<input type="checkbox"/>	<input type="checkbox"/>

Please answer all of the questions listed below.

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Are you willing and able to secure an Ohio Driver's License, if a license is required? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have a valid Commercial Driver's License? (for Service Dept. only) | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been employed in State, County or Municipal service of Ohio? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Can you perform the job-related requirements of the specific job for which you are applying? | <input type="checkbox"/> | <input type="checkbox"/> |

If you have answered "Yes" to question 3, or "No" to question 4, please explain in full below, indicating by number the question to which you are responding:

IN CASE OF EMERGENCY - CONTACT:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

REFERENCES

List the names and addresses of 3 individuals, other than relatives, whom we may contact for a professional/personal recommendation:

Name	Address	City	State	Zip	Phone
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1. _____

2. _____

3. _____

SECTION II - EXPERIENCE

Please print legibly or type your past work experience beginning with the most recent employment. If the title and duties changed materially in the course of your service in any one organization, indicate such changes clearly and as separate employments. Attach additional sheets if necessary. Volunteer work may also be included as employment.

Note: A resume may not be used as a substitute for completing this page.

Present or most recent job:

Employer's name _____ From: M/Y _____ To: M/Y _____

Employer's address _____

Reason for leaving _____

Job title/classification _____ Salary: starting _____ ending _____

Duties performed: _____

Next most recent job(s):

Employer's name _____ From: M/Y _____ To: M/Y _____

Employer's address _____

Reason for leaving _____

Job title/classification _____ Salary: starting _____ ending _____

Duties performed: _____

Employer's name _____ From: M/Y _____ To: M/Y _____

Employer's address _____

Reason for leaving _____

Job title/classification _____ Salary: starting _____ ending _____

Duties performed: _____

SECTION III - EDUCATION and TRAINING

Last grade or level completed	High School Education	Major or Specialization	Diploma or GED
	Name Address		
	Post High School Education		Degree or Certificate Earned
	Name Address		
	Name Address		

Other Special Skills and Training (including hobbies, software and equipment that would be relevant to this position):

APPLICATION WILL NOT BE ACCEPTED IF THIS OATH IS OMITTED:

I affirm that the answers I provided to each and all of the questions on this application are complete and true to the best of my knowledge and belief. I hereby consent to the disclosure to the City of Beachwood by any physician or other person who has attended to or examined me or who may hereafter examine me, by any school, college or university which I attended, or by past employers, of any knowledge, records or information regarding me. Falsification of any information provided by me above is grounds for dismissal.

Applicant's Signature _____ Date _____

FOR OFFICE USE ONLY

Position: _____ Full-time Part-time Temporary Seasonal

This individual is being recommended for an additional seasonal position Yes No (If Yes, see seasonal box below)

Complete below *only* if applicable to the type of position.

Salary and Longevity

Compensation: Salary \$ _____ /year Rate \$ _____ /hour

Prior Service credit: Yes - number of years _____ No

Service Verified: Yes No

Longevity Eligibility: Yes, amount per year \$ _____ No

Sick leave transferred: Sick hours _____

Vacation granted: Weeks _____ after (week/yr) _____

Personal leave effective: Immediately After 90 days Hours in first year: _____

Probationary Period: 1 year Other _____

Additional Position:

Compensation:

Rate \$ _____ /per hour

Start Date: ____ / ____ / ____

Disposition: Approved for hire Yes No Start Date: _____

If no, retain in review file Yes No

Recommended by: _____ Date: _____

Department Director

Authorized by: _____ Date: _____

Mayor

FOR FINANCE USE ONLY

New Hire Rehire File No. _____

Entered by: _____ Reviewed by: _____

Comments:
