



**City of  
Eastlake**

# Employment Application

35150 Lake Shore Boulevard • Eastlake, Ohio 44095  
(440) 951-1416 • Fax (440) 951-9361

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

POSITION(S) APPLIED FOR: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

*AS A CONDITION OF EMPLOYMENT, I UNDERSTAND THE COMPANY RESERVES THE PRIVILEGE TO THOROUGHLY INVESTIGATE AND VERIFY INFORMATION CONTAINED IN THIS APPLICATION. APPLICATIONS MUST BE RENEWED EVERY 180 DAYS IN ORDER TO BE CONSIDERED FOR POSITION. Federal and State law prohibit discrimination in employment because of race, color, religion, age, sex, handicap, disability or national o.*

**PLEASE PRINT CLEARLY**

**PERSONAL**

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
Last First M.I.

Present Address \_\_\_\_\_  
Street City  
State Zip Phone

Are you 18 years of age?  Yes  No

If under 18, list date of birth: Month/Day/Year \_\_\_\_/\_\_\_\_/\_\_\_\_

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

May we contact you at work?  Yes  No

If Yes, work number and best time to call: (\_\_\_\_) \_\_\_\_\_ Time \_\_\_\_\_

**EMPLOYMENT SKILLS**

Position Desired:

Experience:

Type of work preferred: 1. \_\_\_\_\_  
2. \_\_\_\_\_

Do you know of any reason why you should not be able to perform the essential functions of the job you are seeking?

State any additional information you think would be of interest in considering your application \_\_\_\_\_

How did you learn of this opening? \_\_\_\_\_

Have you ever worked for us before? \_\_\_\_\_ If Yes, when? \_\_\_\_\_

Names of other employees working for the Company with whom you are acquainted? \_\_\_\_\_

PERSON TO BE NOTIFIED IN CASE OF ACCIDENT OR EMERGENCY

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone No. \_\_\_\_\_ Address \_\_\_\_\_

PRIOR WORK HISTORY (List in order, last, or present employer first)

<u>Dates</u>		<u>Name, Address and Phone No. of Employer</u>	<u>Position Held</u>	<u>Rate of Pay</u>		<u>Supervisor Name, Title</u>	<u>Reason for Leaving</u>
<u>From</u>	<u>To</u>			<u>Start</u>	<u>Finish</u>		

Describe in detail the work you did. \_\_\_\_\_

<u>Dates</u>		<u>Name, Address and Phone No. of Employer</u>	<u>Position Held</u>	<u>Rate of Pay</u>		<u>Supervisor Name, Title</u>	<u>Reason for Leaving</u>
<u>From</u>	<u>To</u>			<u>Start</u>	<u>Finish</u>		

Describe in detail the work you did. \_\_\_\_\_

<u>Dates</u>		<u>Name, Address and Phone No. of Employer</u>	<u>Position Held</u>	<u>Rate of Pay</u>		<u>Supervisor Name, Title</u>	<u>Reason for Leaving</u>
<u>From</u>	<u>To</u>			<u>Start</u>	<u>Finish</u>		

Describe in detail the work you did. \_\_\_\_\_

May we contact the employers and references listed? \_\_\_\_\_ if not, indicate below which one(s) you do not wish us to contact \_\_\_\_\_

**EDUCATIONAL BACKGROUND**

<u>Type of School</u>	<u>Name and Address</u>	<u>Years Attended</u>	<u>Date Graduated</u>	<u>Major Subject Studied</u>
Grammar or Grade				
High School				
College				
Business, Trade or Other				

**PERSONAL REFERENCES**  
(Exclude Former Employers or Relatives)

<u>Name and Occupation</u>	<u>Address</u>	<u>Telephone Number</u>
1.		
2.		
3.		

# Special Qualifications and Skills

A. Driver's License Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_  
Type of License: Regular  Commercial (C.D.L.)

B. Approximate number of words per minute in: Typing \_\_\_\_\_ Shorthand \_\_\_\_\_

C. List licenses, registrations or certifications which you possess. Also, list the State or other licensing authority which granted it.

D. List any machines or equipment requiring special skill which you can use.

E. Describe any computer experience you may have had.

F. Give any other special qualifications not covered elsewhere in your application, such as:  
(1) your publications; (2) your patents or inventions; (3) public speaking and public relations experience; (4) membership in professional, trade, civic, or scientific organizations; (5) honors and fellowships received.

**M**y 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 Eastlake to investigate the facts submitted; and for those with relevant information (including but not limited to, physicians, hospitals and my prior employers) to release such information to the City of Eastlake.

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 Eastlake.

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

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

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Date Received