



City of Independence

6800 Brecksville Road, Independence, Ohio 44131-5045

Phone: (216) 524-4131; Fax: (216) 524-6996

www.independenceohio.org

EMPLOYMENT APPLICATION

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

Position(s) Applied For: _____ Date of Application: _____

Name: _____ Email Address: _____

LAST FIRST MIDDLE

Address: _____
Street City State Zip Code

Home Phone # () _____

Date available for work: _____

Cell Phone # () _____

• Type of employment desired: Full-time Part-Time Temporary Seasonal Intern

• Are you currently laid-off from a previous job and subject to recall? YES NO

• 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 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 Independence? YES NO
If **Yes**, give date(s): **FROM:** _____ **TO:** _____ Department(s): _____

• Do you have any relatives now employed by the City of Independence? YES NO
If **Yes**, give name, department, and relationship: _____

• If required, will you undergo a pre-employment physical, drug test and criminal background check? YES NO

• Can you perform the essential functions of the position(s) for which you are applying, with or without reasonable accommodation? (Reasonable accommodations may be made to enable individuals with disabilities to perform the essential tasks.) YES NO

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

2. Have you ever been bonded in your current or previous job(s)? YES NO

3. Have you ever been convicted of a crime, or are there currently any criminal charges pending against you? (Include felonies, misdemeanors, traffic and military convictions). **Do not include parking violations or juvenile convictions.** Conviction may not necessarily disqualify you from employment. Falsification of application and/or failure to admit conviction(s) is sufficient grounds for disqualification of employment. YES NO

If you answered "YES" to any one of the last three questions, please give details on bottom of Page 2.

EDUCATION

Place an "X" in the box next to the highest school year you have 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: Address:	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
BUSINESS OR TECHNICAL	Name: Address:	DEGREE: DATE:			
COLLEGE OR UNIVERSITY	Name: Address:	DEGREE: DATE:		MAJOR:	
GRADUATE SCHOOL OR OTHER	Name: Address:	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 references who we can contact who have knowledge of your character, experience, or ability. If possible, please list people who are **not** related to you by blood or marriage and who are familiar with your present or past job performance.

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.)

EMPLOYMENT HISTORY

Please give a complete record of your employment for a minimum of the past **ten (10) years**, starting 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 of paper if necessary. With the exception that a resume may be substituted in lieu of completing the "job responsibility" column, this section must be fully completed.

1. Current or Most Recent Employer:	Phone #:	Dates Employed		Summarize work you performed and your job responsibilities.
		From	To	
Address:				
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 or for applying to the City if still employed:		May we contact for reference? Yes <input type="checkbox"/> No <input type="checkbox"/>		
2. Employer:	Phone #:	Dates Employed		Summarize work you performed and your job responsibilities.
		From	To	
Address:				
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:	Phone #:	Dates Employed		Summarize work you performed and your job responsibilities.
		From	To	
Address:				
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:	Phone #:	Dates Employed		Summarize work you performed and your job responsibilities.
		From	To	
Address:				
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:	Phone #:	Dates Employed		Summarize work you performed and your job responsibilities.
		From	To	
Address:				
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

(Only complete this section as applicable to the job(s) to which you are applying)

A. **Driver's License #:** _____ **Expiration Date:** _____ **State:** _____

Type of License: Regular **OR** Commercial (CDL) → CLASS: A B

List all Endorsements: _____

List all Equipment you have operated requiring a CDL: _____

B. Approximate # of words/minute in: Typing/Word Processing: _____

C. Describe your computer proficiency in the following programs:

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"/>
Microsoft Publisher	<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.

APPLICANT STATEMENT

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 also signifies my authorization for the City of Independence 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 Independence.

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 acknowledge that, unless otherwise defined by applicable law, 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 Independence. In the event of employment, I also understand and agree to abide by all City of Independence rules and regulations.

Signature of Applicant

Date Signed