



# CITY OF BROOKLYN, OHIO

## EMPLOYMENT APPLICATION

City of Brooklyn  
7619 Memphis Avenue  
Brooklyn, Ohio 44144  
(216) 351-2133

\*The City of Brooklyn is an equal opportunity employer and advises the public that it does not discriminate on the basis of age, race, sex, color, creed, religion or handicap in admission or access to, or treatment or employment in its programs and activities.

### Applicant Information

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First M.I.

Address: \_\_\_\_\_  
Street Address Apartment/Unit #

\_\_\_\_\_ City State ZIP Code

Home Phone: ( ) \_\_\_\_\_ Cell Phone: ( ) \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Employment Desired

Position Applied for: \_\_\_\_\_

Date Available: \_\_\_\_\_ Desired Salary: \$ \_\_\_\_\_

Are you looking for PT/FT/ Either  Part-time  Full Time  Either  Are you employed now? YES  NO

Have you ever worked for this company? YES  NO  If so, when? \_\_\_\_\_

### Physical record

Do you have any physical limitations that preclude you from performing any work for which you are being considered?  
 Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, what can be done to accommodate your limitations? \_\_\_\_\_

### In case of emergency notify:

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

### Education

High School: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree/Studies: \_\_\_\_\_

College: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree/Studies: \_\_\_\_\_

Other: \_\_\_\_\_ Address: \_\_\_\_\_  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Did you graduate? YES  NO  Degree/Studies: \_\_\_\_\_

### Military Service

Branch: \_\_\_\_\_ Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

### References

Please provide names of three persons not related to you, whom you have known for at least one year.

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

Full Name: \_\_\_\_\_ Years Acquainted: \_\_\_\_\_

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_

### Previous Employment

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

Company: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Responsibilities: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_

May we contact your previous supervisor for a reference? Yes  No

### Disclaimer and Signature

*I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you. I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payments of my wages and salary, be terminated at any time without any prior notice.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_