



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: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

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: _____