



# Brooklyn

OHIO

7619 Memphis Avenue, Brooklyn, Ohio 44144 (216)351-2133  
*The City of Brooklyn is an equal opportunity employer.*

## EMPLOYMENT APPLICATION

### Important Information about the Application Process

- This employment application is to be used for all internal, external, and seasonal or temporary job postings. We strongly encourage you to provide a resume and cover letter in addition to this application.
- Applications are kept on file for one year. Please keep a copy for your files.
- A separate application should be submitted for each position for which you are applying.
- Applications must specifically reflect all requirements for the position, including experience and/or required courses of study.
- Please answer all questions accurately and completely. Incomplete applications may be disqualified.
- By signing this application, you are affirming that all information you provide is accurate and complete.

### Applicant Information

Position for which you are applying: \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ Daytime Phone: (\_\_\_\_\_) \_\_\_\_\_

E-mail address: \_\_\_\_\_

### General Information

- Are you now, or have you ever been employed with the City of Brooklyn? Yes    No  
If yes, please select the appropriate employment status: Regular    Temporary/Seasonal    Intern
- Do you have relatives employed by the City of Brooklyn? Yes    No  
If yes, please give name, relationship, and department: \_\_\_\_\_
- What are your salary expectations? \_\_\_\_\_ Date available? \_\_\_\_\_
- Are you on layoff, subject to recall? Yes    No
- Are you able to perform the essential functions of this job, with or without reasonable accommodations? Yes    No
- Are you at least 18 years old? Yes    No
- *Police Officer Applicants only:* Are you at least 21 years old? Yes    No
- *Police Officer Applicants only:* Certain felony and misdemeanor convictions may disqualify an individual from employment for the position of police officer.

## Employment History

- In this section, please describe the duties you have performed in previous positions, which demonstrate that you have the knowledge, skills, and abilities to perform the duties of the job for which you are applying. You may include internships, verifiable volunteer activities, self-employment, and military experience.
- **Begin with your most recent job or assignment first** and list each job separately, extending for a period of **10 years**. Please explain all periods of unemployment.
- Additional pages of work history may be attached, if necessary.
- **A resume is not a substitute for this section of the application.**

May we contact this employer? Yes                      No                      Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer: \_\_\_\_\_ Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes                      No                      Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer:

\_\_\_\_\_ Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

May we contact this employer? Yes                      No                      Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Employer:

\_\_\_\_\_ Position Title: \_\_\_\_\_

Address: \_\_\_\_\_ Starting Salary: \_\_\_\_\_ Ending Salary: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_

Supervisor's name and title: \_\_\_\_\_

Duties & Responsibilities: \_\_\_\_\_

\_\_\_\_\_

Reason for leaving: \_\_\_\_\_

## Education, Training, Certificates & Licenses

Do you have a high school diploma, GED certificate, or equivalent?

Yes \_\_\_\_\_

No \_\_\_\_\_

### Colleges, universities, military, trade, business, or other schools attended

Name of School	Location of School	Courses of Study (major)	Credits Completed		Degree or Certificate Earned
			Semester Hours	Quarter Hours	

### List driver's license and any professional licenses or certificates

Title of license or certificate	Number	Issuing Agency	Date Issued/Date of Expiration	

### Indicate special skills that you have acquired

Administrative: Shorthand    Typing _____(wpm) Office equipment _____ Computer software _____ _____	Fluency in languages other than English: Read _____ Speak _____ Write _____	Heavy Equipment/Tools: _____ _____ _____
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## Certification of Information, Authorization & Release

BY MY SIGNATURE BELOW, I:

- *Certify* that all answers given herein are true and complete to the best of my knowledge;
- *Authorize* investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision;
- *Release* the individual, company, institution, or organization and all individuals connected therewith from all liability incurred in giving such information. I further release the City of Brooklyn from all liability incurred in obtaining and/or using such information;
- *Understand* that this application is not intended to be a contract for employment. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the City of Brooklyn.
- *Understand* that some of the positions in the city are filled using various selection tests. If the position for which I applied is filled utilizing a selection test, the city will provide notice of the time, date, and place. If I require special accommodation, I agree to contact the civil service commission secretary at (216)635-4209 at least seven (7) days prior to the test.

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

\_\_\_\_\_  
Date

