

CITY OF BRUNSWICK

4095 CENTER ROAD • BRUNSWICK, OHIO 44212

APPLICATION FOR EMPLOYMENT



PERSONAL

Name (please print)				Date
Street Address				Social Security No.
City	State	County	Zip Code	Telephone No.
E-Mail Address			Alternate Phone No.	

Type of employment desired: _____

Are you able to perform the essential functions of the job for which you are applying for with or without reasonable accommodations? Yes No

Can you, after employment, submit verification of your legal right to work in the US? Yes No

EDUCATION

<i>Circle No. of Years Attended</i>	1 2 3 4				1 2 3 4				1 2 3 4			
	HIGH SCHOOL				COLLEGE OR TRADE SCHOOL				COLLEGE OR GRADUATE SCHOOL			
Name of School & Location												
Dates of Attendance												
Degree Earned												
Approximate Grade or Class Standing												
Major Studies												

Affiliations, Awards, Extracurricular Activities/Additional Comments: _____

List all pertinent skills and/or equipment you can operate: _____

Prior municipal service? Yes No Title: _____
 Location: _____ Employment Dates: _____
Do you have any relatives currently working for the City? Yes No
 Name of Relative : _____

UNITED STATES MILITARY RECORD

Branch of U.S. Service	Date Entered	Date Discharged	Final Rank
Duties While in Service			
Present Draft Status			

PREVIOUS WORK EXPERIENCE

Most Recent First--

COMPANY NAME			PHONE NO. (WITH AREA CODE)	TYPE OF BUSINESS
STREET ADDRESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP			NAME OF LAST IMMEDIATE SUPERVISOR	HIS/HER TITLE
	DATE-MONTH & YEAR	HOURLY SALARY	YOUR TITLE OR JOB NAME	DEPARTMENT
STARTING				
FINAL				

REASON FOR SEPARATION _____
 DUTIES _____

COMPANY NAME			PHONE NO. (WITH AREA CODE)	TYPE OF BUSINESS
STREET ADDRESS			MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> Yes <input type="checkbox"/> No	
CITY, STATE, ZIP			NAME OF LAST IMMEDIATE SUPERVISOR	HIS/HER TITLE
	DATE-MONTH & YEAR	HOURLY SALARY	YOUR TITLE OR JOB NAME	DEPARTMENT
STARTING				
FINAL				

REASON FOR SEPARATION _____
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STARTING				
FINAL				

REASON FOR SEPARATION _____
 DUTIES _____

CIVIL SERVICE COMMISSION

CITY OF BRUNSWICK

4095 CENTER ROAD
BRUNSWICK, OH 44212
PHONE: 330-558-6805

PRE-EMPLOYMENT STATEMENT

I voluntarily give the City of Brunswick the right to make a thorough investigation of past employment and activities, agree to cooperate in such investigation and release from all liability all persons, companies or corporations supplying such information.

Public Law 91-508 requires we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request, additional information as to nature and scope of the report, if one is made, will be provided.

I understand the City of Brunswick reserves the right to change, amend or terminate its existing policies.

I further understand that if I am employed by the City of Brunswick, any false answers or statements made by me on this application or any supplement thereto, will be grounds to my immediate discharge for such employment.

I consent to taking physical examinations as may be required by the City of Brunswick. I agree to participate in a drug test at a City designated site and recognize that if the test shows the presence of illegal drugs, I will no longer be considered for employment with the City of Brunswick. I also understand the results of the physical examination and drug test will be released to the City of Brunswick.

Applicant's Signature

Date

Driver's License

For EEOC Purposes (optional):

White

Black or African American

Hispanic

Asian or Pacific Islander

American Indian or Alaskan Native