



# CITY OF BEDFORD HEIGHTS EMPLOYMENT APPLICATION (Adults 18 & older) 5661 Perkins Road, Bedford Heights, Ohio 44146 \* 440-786-3200 \* www.bedfordheights.gov MAYOR FLETCHER BERGER

## Pre-Employment Questionnaire An Equal Opportunity Employer

PERSONAL INFORMATION					
Name (Last, First):			Social Security No. (required ONL	<b>Y</b> upon being hire	ed):
Current Address:		Apt. #	City:	State	Zip:
				•	p.
Email Address:			Home Phone:	Cell Phone:	
Are you under the age of 21?	If under 21, what is your	age?	Do you hold a <u>Valid</u> Ohio Driver's	License?	
Yes No			If yes, list	Yes	No

DESIRED EMPLOYMENT				
Desired Position:	Date you can start:	Salary desired:		
Are you currently employed?	If you are employed may we inquire of your pr	esent employer?		
Yes No	Yes No			
Have you ever <b>applied</b> with the city before?	Department?	Date of application:		
Have you ever <b>worked</b> for the city before?	Department?	Date of application:		
Yes No Seasonal				
Reason for leaving:				
Name of last supervisor you worked for at this	city:			
Lieux did you find out chout yo?				
How did you find out about us?				
City Newsletter   Newspaper Advertising (which one)   Friend				
City Website/Facebook College Placement Service Walk in/Bulletin Board Other				
I Desire work that is: Full-time Part-time Seasonal Volunteer				

EDUCATION				
School Level	Name and Location of School	Years Attended	Graduation Date	Subjects Studied
High School				
College				
Trade, Business or Online Course/Classes				
Other Education				

		G WITH THE MOST RECENT ONE FIRST	
Name of present or last emp	bloyer:		
Address:		City:	State: Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor?	Yes No
Name of Supervisor:		Title:	Phone:
Description of work:			
Person for looving:			
Reason for leaving:			
Name of present or last emp	bloyer:		
Address:		City:	State: Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor?	Yes No
Name of Supervisor:		Title:	Phone:
Description of work:			
Reason for leaving:			
Name of present or last emp	bloyer:		
Address:		City:	State: Zip:
Starting Date:	Leaving Date:	Job Title:	
Weekly Starting Salary:	Weekly Final Salary:	May we contact your supervisor?	
			Yes No
Name of Supervisor:		Title:	Phone.
<b>D</b> 1 4 1			
Description of work:			
Description of work: Reason for leaving:			
Reason for leaving:			
Reason for leaving: Name of present or last emp	bloyer:		
Reason for leaving: Name of present or last emp Address:		City:	State: Zip:
Reason for leaving:	bloyer: Leaving Date:	City: Job Title:	State: Zip:
Reason for leaving: Name of present or last emp Address:			State: Zip:
Reason for leaving: Name of present or last emp Address: Starting Date:	Leaving Date:	Job Title:	

Reason	for	leaving:
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### REFERENCES

BELOW, GIVE THE NAMES OF FOUR PEOPLE YOU ARE NOT RELATED TO, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.

	Name	Address / City	Phone Number	Years Acquainted	Type of Reference (social or co-worker)
1					
2					
3					
4					

## PERSONAL HIGHLIGHTS

PLEASE NOTE ANY SPECIAL AWARDS, HONORS, ETC. YOU WANT US TO KNOW ABOUT:

### SERVICE RECORD

BRANCH OF SERVICE	DISCHARGE DATE	RANK AT DISCHARGE

TELL US ABOUT YOURSE	iLF
What are your strengths?	
Why did you decide to apply for employment with	
Bedford Heights?	
What was your most	
satisfying job experience?	
Why should we hire you?	

#### AUTHORIZATION

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS 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 THE CITY FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.

I ALSO UNDERSTAND AND AGREE THAT NO REPRESENTATIVE OF THE CITY HAS ANY AUTHORITY TO ENTER INTO ANY AGREEMENT FOR EMPLOYMENT FOR ANY SPECIFIED PERIOD OF TIME, OR TO MAKE ANY AGREEMENT CONTRARY TO THE FOREGOING, UNLESS IT IS IN WRITING AND SIGNED BY THE MAYOR."

SIGNATURE

DATE

STATE OF OHIO CUYAHOGA COUNTY, SS:

Sworn to and subscribed in m	y presence this	day of _
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Signature of Notary Public

## DO NOT WRITE ON THIS PAGE FOR INTERVIEWER'S USE ONLY

INTERVIWED BY:		DATE:
COMMENTS:		
NEED MODIFICATION	No Driver's Licen	se/Photo I.D. checked
INTERVIWED BY:		DATE:
COMMENTS:		
NEED MODIFICATION	No Driver's Licen	se/Photo I.D. checked
BACKGROUND CHECK – POLICE DEPARTMEN	Т	
REPORTED BY:		DATE:
		NOT RECOMMENED FOR HIRE
CHECKED FOR VALID DRIVER'S LICENSE?	Yes No ANY ISSUES OF NOTE?	
	PASSED ON	DID NOT PASS
SIGNIFICANT CONCERNS:		
L		
HIRE DATE:	POSITION HIRED FOR:	
SALARY:	DATE REPORTING FOR WORK:	

SALARY:		DATE REPORTING FOR WORK:	
APPROVED #1	MAYOR:		DATE:
APPROVED #2	#2 DEPARTMENT HEAD:		DATE:
APPROVED #3	FINANCE DEPARTMENT:		DATE:

Employment Applications upon hiring are kept in personnel files in the payroll office. All other employment applications are retained for a period of 12 months from the date of submission.