



CITY OF BEDFORD HEIGHTS EMPLOYMENT APPLICATION (Ages 16-17)

5661 Perkins Road, Bedford Heights, Ohio 44146 * 440-786-3200 * www.bedfordheights.gov

MAYOR PHILLIP STEVENS

Pre-Employment Questionnaire / An Equal Opportunity Employer

PERSONAL INFORMATION

Last Name _____ First Name _____
 Address _____ City _____ State _____ Zip _____
 Home Phone: _____ Cell Phone: _____
 Email Address: _____
 Social Security Number (provide upon being hired): _____
 Desired Position: _____ Date You Can Start: _____ Desired Salary: _____
 What is your current age? _____ Are you applying for a seasonal position? Yes No
 Do you have a Photo I.D.? Yes No Do you have a valid driver's license? Yes No # _____
 Ever worked with this city before? Yes No If Yes, what year _____; what department _____

EDUCATION

What Grade/Year are you in? _____
 What was your GPA on your last reporting period? _____

REFERENCES - Below, provide the names of two persons you are not related to, whom you have known at least one year.

Name	Address/City	Phone	Years Acquainted	Type of Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

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 my presence this _____ day of _____

 Signature of Notary Public



FORMER EMPLOYERS OR PLACES YOU VOLUNTEERED

IF YOU HAVE WORKED PREVIOUSLY (OR VOLUNTEERED), LIST THE LAST THREE EMPLOYERS (*MOST RECENT FIRST*)

Employer Name	Address	Start Date	End Date	Supervisor	Phone	Job Title

**DO NOT WRITE BELOW
FOR INTERVIEWER'S USE ONLY**

INTERVIEWED BY:	DATE
COMMENTS	
NEED MODIFICATION	<input type="checkbox"/> NO <input type="checkbox"/> YES (SPECIFY) Driver's License/Photo I. D. checked <input type="checkbox"/>

BACKGROUND CHECK

REPORTED BY:	DATE
<input type="checkbox"/> RECOMMENDED	<input type="checkbox"/> NOT RECOMMENDED
POLYGRAPH <input type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> PASSED ON _____ <input type="checkbox"/> DID NOT PASS
SIGNIFICANT CONCERNS	

HIRED (DATE) FOR DEPT.	FOR POSITION:
SALARY WAGES	WILL REPORT:
APPROVED 1 MAYOR	DATE:
APPROVED 2 DEPARTMENT HEAD	DATE:
APPROVED 3 FINANCE DEPARTMENT	DATE:

**Employment Applications after 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**



Division of Police

Phillip Stevens
Mayor/Safety Director

Michael Marotta
Chief of Police

CONSENT FOR RELEASE OF INFORMATION AUTHORIZATION

To be signed by both the minor (16-17) and the parent/legal guardian

Applicant's Name: _____

Address: _____

My child, the above listed applicant, has applied for employment with the City of Bedford Heights. I acknowledge that I am fully aware that a representative of the Bedford Heights Police Department may conduct a thorough investigation of my child's background to assist in determining their suitability for employment. I realize that, in conducting this background investigation, the Bedford Heights Police Department will be making inquiries of, but not limited to, officials and record offices of schools that my child has attended; police or courts with whom my child may have a conviction record and/or financial standing; present and previous employers; and any other person(s) who may be able to provide information about my child that the City of Bedford Heights desires.

I further understand and am aware that my child may be required to submit to fingerprinting at the Bedford Heights Police Department and that a copy or computer-generated copy of my child's fingerprints will be sent to the Ohio Bureau of Criminal Identification and Investigation to determine the existence of any criminal conviction record(s).

As the parent/legal guardian of the above listed applicant, I hereby give permission and waive all provisions of law forbidding any school, court, police agency, credit bureau, employer, firm or person from disclosing any knowledge or information they have concerning my child, which is requested or desired by the City of Bedford Heights or the Bedford Heights Police Department.

As the parent/legal guardian of the above listed applicant, I recognize the right of the City of Bedford Heights and the Bedford Heights Police Department to treat, at its discretion, certain sources as confidential and their rights to withhold from me, my child or my agent the names of such confidential sources and information obtained there from.

I hereby declare that I am the parent/legal guardian of the above listed applicant and that I authorize the City of Bedford Heights and the Bedford Heights Police Department to evaluate my child's suitability for employment with the City of Bedford Heights through the means and practices indicated above.

Signature of Applicant

Printed name of parent/legal guardian

Signature of parent/legal guardian

Date: _____