

EMPLOYMENT HISTORY (Since August 2014)

Please list **ALL JOBS** since high school, beginning with your present or last employer. A following section asks questions about periods of employment. Account for ALL time periods, including UNEMPLOYMENT, SELF-EMPLOYMENT, and U.S. MILITARY SERVICE. If space is insufficient, list on a separate page or additional application form.

EMPLOYER:	PHONE:	Position
Address	City, State, Zip	Supervisor's Name
Duties		Starting Salary/Wages
		Final Salary/Wages
Reason for leaving		From To
EMPLOYER:	PHONE:	Position
Address	City, State, Zip	Supervisor's Name
Duties		Starting Salary/Wages
		Final Salary/Wages
Reason for leaving		From To

FOR APPLICANTS UNDER THE AGE OF EIGHTEEN (18) YEARS ONLY

I am aware that my son/daughter has submitted an employment application with the Village of Cuyahoga Heights and verify that he/she is currently _____ years of age.
 insert age

 Signature of Parent or Legal Guardian

 Print name of Parent or Legal Guardian

 Address, City, State, Zip Code

 Phone Number (s)

APPLICANT STATEMENT

I understand that the information provided on this application (and accompanying resume, if any) must be true and complete to the best of my knowledge. I also understand that any false information or omission may disqualify me from further consideration of employment and may result in my dismissal if discovered at a later date.

I authorize a thorough investigation of my past employment and relevant activities, agree to cooperate in such investigation, and release from all liability or responsibility all persons and corporations requesting or supplying such information. I further authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the job for which I am being considered or any future job in the event that I am hired.

If an employment relationship is established, I understand that I must comply with Village policies, rules and procedures as are implemented from time to time and that the Village may add to, delete or revise these policies, rules and procedures at any time. I also understand that any period of employment is not for a specific duration.

My signature below certifies that this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature of Applicant

Date

NOTICE: This application is considered active for sixty (60) days from the above date. For further consideration after this date, a new application must be submitted.

Interviewed by:

Date:

This space for Human Resource Department Use Only: