

VILLAGE OF CUYAHOGA HEIGHTS

4863 East 71st Street Cuyahoga Heights, Ohio 44125 (216) 641-7020

APPLICATION FOR EMPLOYMENT - REHIRE

VILLAGE OF CUYAHOGA HEIGHTS is an **Equal Opportunity Employer** and complies with Federal and State equal employment opportunity laws. Qualified applicants are considered for all positions without regard to race, color, religion, gender, national origin, age, marital status, military status, disability or any other protected basis.

Please print all answers. <u>INFORMATION MUST BE TYPED OR FILLED OUT IN INK.</u> This application will not be considered unless fully completed and signed.

PERSONAL INFORMATION

Position for which you are applying (Please be specific)		Date available for work: Full Time Regular		
Name (Last Name, First Name, Middle Init	tial)	Part Time	Date:	
			Date you can start:	
Current Home Address: Street		City, Stat	e, Zip Code	
How long at current address?		Email Address:		
Provide any prior address in the past year: <u>Street</u>		<u>City, Stat</u>	e, Zip Code	
Telephone Number:	Are you at least 18 years of age? Yes No If No, state your age: (Employment may be subject to minimum legal age verification.)			
Have you ever worked or applied for work	with the Village of Cuyal	noga Heights before?	Yes No	
If yes, provide details, including original da	ate of employment and rea	ason for leaving.		
Are there any hours, shifts or days you can If yes, indicate the hours, shifts or days you			□ No	
Will you work overtime if required?	☐ Yes	□ No		
Office Use Only: Employee #	Hire Date	Rate of	Pay \$	

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form.				
EMPLOYER:	PHONE:	Position		
Address	City, State, Zip	Supervisor's Name		
Duties		Starting Salary/Wages		
		Final Salary/Wago	es	
Reason for leaving		From	То	
EMPLOYER:	PHONE:	Position		
Address	City, State, Zip	Supervisor's Name		
Duties		Starting Salary/Wages		
		Final Salary/Wages		
Reason for leaving		From	То	
R APPLICANTS	UNDER THE AGE OF EIG	HTEEN (18) VEA	RS ONLY	
I am aware that my son/	daughter has submitted an employmently years of age.	` ,		
•	insert age			

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.

Signature of Applicant		Date	
NOTICE: This application is connew application must be submitted		rom the above date. For further co	onsideration after this date, a
Interviewed by:	Date:		
This space for Human Resource D	Denartment Use Only		
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