

CITY OF BEREA

APPLICANT DATA RECORD DO NOT PUT YOUR NAME ON THIS PAGE

Applicants are considered for all positions, and employees are treated during their employment without regard to their race, color, creed, religion, sex, national origin, age, or any on-job-related handicap or medical condition.

To help comply with governmental record-keeping requirements, we would appreciate your completing the form in this box. However, COMPLETION OF THIS PAGE IS STRICTLY VOLUNTARY. This data will be physically separated from the remainder of your job application before the application is considered for possible employment. This information will be kept in a confidential file, WITHOUT YOUR NAME ON IT, SEPARATE FROM YOUR APPLICATION FOR EMPLOYMENT.

Date: _____ Position(s) Applied For: _____

How did you hear about this opportunity?

_____	Sun News Ad	_____	Plain Dealer Ad
_____	Saw cable TV advertisement	_____	OBES (Ohio Bureau of Employment Services)
_____	Saw it on City's web site	_____	Saw it on a City's bulletin board
_____	Referred by friend or relative	_____	Walk-in
_____	Other, explain:		

PERSONAL TRAITS:

Check One:	_____	Male	_____	Female		
Check One:	_____	White	_____	Black	_____	Hispanic
	_____	Asian/Pacific Islander	_____	American Indian/Alaskan Native		

Check Any That Apply:

_____	Vietnam Era Veteran	_____	Disabled Person
		_____	Disabled Veteran

CITY OF BEREA, OHIO APPLICATION FOR EMPLOYMENT

THE CITY OF BEREA IS AN EQUAL OPPORTUNITY EMPLOYER AND CONSIDERS ALL APPLICATIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, DISABILITY (WITH OR WITHOUT ACCOMMODATION) OR OTHER LEGALLY PROTECTED STATUS.

*THIS APPLICATION IS VALID FOR 6 MONTHS. CONSIDERATION AFTER 6 MONTHS REQUIRES A NEW APPLICATION.
ALL APPLICATIONS FOR EMPLOYMENT ARE PUBLIC RECORDS IN ACCORDANCE WITH OHIO LAW.*

DO YOU NEED ASSISTANCE OR AN ACCOMMODATION TO COMPLETE THIS APPLICATION?
IF YES, PLEASE ASK TO BE REFERRED TO THE PERSONNEL ADMINISTRATOR.

PLEASE PRINT IN INK OR TYPE

Date of Application: _____

LAST NAME	FIRST NAME	COMPLETE ADDRESS	PHONE	SOCIAL SEC. NO.**

**Social Security Number is optional, however, it will be required in the event you are selected for an interview for purposes of a criminal background investigation.

Have you ever worked under another name? If yes, what was it and what was the reason for the change? _____

Position(s) Applied For: (Circle)

- | | | | |
|----------------------|-----------------------|---------------|-----------------|
| Police Auxiliary | Maintenance | Attorney | Lifeguard |
| Police Dispatcher | Building Inspector | School Guard | Recreation |
| Finance Dept. | Laborer/Service Dept. | Jitney Driver | Other(s) (List) |
| Clerical/Secretarial | | | _____ |

Are you applying for FULL TIME, PERMANENT or PART TIME, PERMANENT or FULL TIME, TEMPORARY/SEASONAL or PART TIME TEMPORARY/SEASONAL employment? (Circle all that apply)

List any license and/or certification you hold that is relevant to the position(s) you are applying for:

Are you on lay-off and subject to recall? YES NO

Referral Source: Sun News Ad Plain Dealer Web Site Bulletin Board Cable TV OBES
 Walk-in Friend/Relative (List) _____ Other _____

EMPLOYMENT EXPERIENCE

Start with your present or last employer, listing all employment within the last 10 years. Include military service assignments and volunteer activities. Exclude organization names which indicate race, color, religion, sex, national origin or disability. *If you need additional space, please attach a separate sheet or resume.*

ARE YOU CURRENTLY EMPLOYED? YES NO
MAY WE CONTACT YOUR PRESENT EMPLOYER? YES NO

NAME/ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT	COMPLETE THE FOLLOWING	REASON FOR LEAVING
COMPANY:	FROM:	POSITION:	
ADDRESS:	TO:	SUPV'R NAME:	
CITY/STATE:	PHONE:	SALARY:	

NAME/ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT	COMPLETE THE FOLLOWING	REASON FOR LEAVING
COMPANY:	FROM:	POSITION:	
ADDRESS:	TO:	SUPV'R NAME:	
CITY/STATE:	PHONE:	SALARY:	

NAME/ADDRESS OF EMPLOYER	PERIOD OF EMPLOYMENT	COMPLETE THE FOLLOWING	REASON FOR LEAVING
COMPANY:	FROM:	POSITION:	
ADDRESS:	TO:	SUPV'R NAME:	
CITY/STATE:	PHONE:	SALARY:	

LIST ANY PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD:
(Exclude those which indicate race, color, religion, sex, national origin or disability)

EDUCATION

HIGH SCHOOL GRADUATE?: [] YES [] NO –IF CURRENTLY IN SCHOOL, LIST CURRENT GRADE _____

NAME AND LOCATION OF HIGH SCHOOL: _____

GED CERTIFICATE NUMBER _____ GED ISSUED BY _____

POST HIGH SCHOOL EDUCATION
INCLUDING TECHNICAL SCHOOL, BUSINESS SCHOOL, PROFESSIONAL SCHOOL, COLLEGE AND UNIVERSITY

NAME OF SCHOOL	ADDRESS OF SCHOOL	GRADE COMPLETED OR DEGREE	SUBJECTS STUDIED OR MAJOR

DESCRIBE ANY SPECIALIZED TRAINING, COURSES, SEMINARS, APPRENTICESHIPS, SKILLS, EXTRA-CURRICULAR ACTIVITIES AND/OR HONORS RECEIVED THAT ARE RELEVANT TO THE POSITION FOR WHICH YOU ARE APPLYING:

INDICATE WHAT FOREIGN LANGUAGES YOU SPEAK, READ AND/OR WRITE:

_____ (FLUENT GOOD FAIR)
_____ (FLUENT GOOD FAIR)

CIRCLE IF YOU ARE PROFICIENT IN ANY OF THE FOLLOWING:

- | | | | |
|----------------------------|----------------------|------------------|---------------------|
| MS Word | Computer programming | Front end Loader | Plumbing |
| MS Excel | Internet | Heavy Equipment | HVAC |
| MS Access | Shorthand | Carpentry | Automotive Mechanic |
| Other Transcription Skills | Backhoe | Electrical | Arbor Care |

SPECIAL SKILLS AND QUALIFICATIONS: Summarize special skills and qualifications acquired from employment or other experience.

ARE YOU A VETERAN OF THE US MILITARY SERVICE? YES NO IF YES, LIST THE MILITARY BRANCH: _____



GENERAL INFORMATION

HAVE YOU EVER BEEN CONVICTED OF, OR PLEAD GUILTY TO, A CRIME OTHER THAN A MINOR TRAFFIC INFRACTION?

YES NO

IF YES, EXPLAIN: _____

_____ *A conviction may not necessarily result in a denial of employment*

CAN YOU PERFORM THE ESSENTIAL FUNCTIONS AND TASKS OF THE JOB(S) FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION? YES NO

WILL YOU TAKE ALL WRITTEN, PHYSICAL, OR OTHER EXAMINATIONS REQUIRED BY LAW FOR THE JOB(S) FOR WHICH YOU ARE APPLYING WITH OR WITHOUT ACCOMMODATION YES NO

CONSISTENT ATTENDANCE AND PUNCTUALITY ARE ESSENTIAL REQUIREMENTS OF EVERY JOB WITH THE CITY. IS THERE ANYTHING WHICH WOULD INTERFERE WITH YOUR REGULAR ATTENDANCE AND PUNCTUALITY IF YOU WERE OFFERED A POSITION? YES NO IF YES, EXPLAIN: _____

LIST ALL OF YOUR RESIDENCE ADDRESSES FOR THE PAST FIVE YEARS:

*******SERVICE DEPARTMENT APPLICANTS MUST COMPLETE THE FOLLOWING*******

YOUR APPLICATION WILL NOT BE PROCESSED WITHOUT THE FOLLOWING INFORMATION:

1. Commercial Drivers License No. _____
2. Class _____
3. When was the CDL issued? _____

The City of Berea is a drug-free workplace and requires pre-employment drug and alcohol screening. In addition, all Service Department workers are also subject to U.S. Department of Transportation Rules relating to drug and alcohol use, including random drug/alcohol tests.

Effective August 1, 2001, the City of Berea will require that all applicants for Service Department positions consent to releasing the following information from all former employers regulated by the Department of Transportation, during the past two years to verify whether:

1. You had alcohol tests with a result of 0.04 or higher alcohol concentration; or
2. You had verified positive drug tests; or
3. You refused to be tested (including verified adulterated or substituted drug test results); or
4. You had other violations of DOT agency drug and alcohol testing requirements.

If there is evidence that you violated a DOT drug and alcohol regulation during the past two years, the City must receive documentation of your successful completion of DOT return to duty requirements, including follow up tests.

DO NOT PROVIDE THIS INFORMATION TO THE CITY OF BEREA UNLESS YOU HAVE BEEN SCHEDULED FOR AN INTERVIEW.

AT THE INTERVIEW, YOU WILL BE ASKED TO SIGN THE NECESSARY RELEASE.

ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THIS COUNTRY BECAUSE OF VISA OR IMMIGRATION STATUS? YES NO
 (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS WILL BE REQUIRED UPON EMPLOYMENT)

IF EMPLOYED AND YOU ARE UNDER AGE 18, CAN YOU PROVIDE PROOF OF YOUR ELIGIBILITY TO WORK? YES NO

GIVE NAME, ADDRESS AND TELEPHONE NUMBER OF THREE REFERENCES WHO ARE NOT RELATED TO YOU AND ARE NOT PREVIOUS EMPLOYERS.

Name:	Name:	Name:
Address:	Address:	Address:
Phone:	Phone:	Phone:
Relationship:	Relationship:	Relationship:
Years Known:	Years Known:	Years Known:

AGREEMENT

I certify that the answers given herein are true and complete to the best of my knowledge. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision, including a criminal and traffic background check. I authorize all individuals, schools and other entities named within to provide any information requested about me, and I release them from all liability for damage in providing this information.

I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified.

I understand that this application is not, and is not intended to be, a contract of employment. I also understand that if I am hired into the unclassified civil service, my employment with the City of Berea is at-will and may be terminated by me or the City at any time without notice and without cause.

I also understand that, if hired, I am required to abide by all rules and regulations of the City of Berea. The City of Berea is a Drug-Free Workplace and I understand that drug testing may be required. I also understand that a pre-employment physical may be required to insure that I am capable of performing essential job functions. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. I also understand that if I am required to operate a motor vehicle as a part of my job, I must have and maintain a valid operator's license, and authorize the City to periodically verify the status of such license.

 APPLICANT SIGNATURE
 Rev. 9/01

 DATE