

# CITY OF BEREA EMPLOYMENT APPLICATION

RETURN APPLICATIONS TO: HUMAN RESOURCES, 212 CHESTNUT STREET, BEREA, KY 40403

**Complete Online, Print, Sign, Return to Above Address**

Date of application:

Position Applied for:

Last Name:  First Name:  MI:

**ADDRESS:**

Number/Street

City:  State:  Zip Code:

Telephone No:  Cell No:

Social Security Number:  E-Mail Address:

Driver's License #  State of Issue

If you are under 18 years of age, can you provide required proof of your eligibility to work?  Yes  No  N/A

Have you ever been employed with the City of Berea before?  Yes  No

If yes, please give date and department: Date:  Department:

Are you currently employed?  Yes  No

May we contact your present employer?  Yes  No

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)

On what date would you be available for work? Date:

Are you available to work?  Full-Time  Part-Time  Seasonal

Are you currently on "lay-off" status and subject to recall?  Yes  No

Can you travel if a job requires it?  Yes  No

Have you been convicted of a felony within the last 7 years?  Yes  No

Conviction will not necessarily disqualify an applicant from employment.

If yes, please explain:

**EDUCATION:** Please list your highest level of education.

	<b>High School</b>	<b>Undergraduate College or University</b>	<b>Graduate School or Professional</b>
School Name & location			
Years Completed:			
Date graduated:			
Diploma/Degree:			
Describe honors received:			
Additional information ( <u>Include your course of study</u> )			

Describe any specialized training, apprenticeship, skills or extra-curricular activities you have completed that would aid in your ability to perform the position applied for:

**REFERENCES:**

Give name, address and telephone number of three (3) references who are not related to you and are not previous employers:

1.

2.

3.

Have you ever had any job-related training in the United States military?     Yes     No

If yes, please describe:

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job for which you have applied? A description of the activities involved in this job is available upon request.

Yes     No

## EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please continue on a separate sheet of paper.

1. Employer  Address:   
City:  State:  Zip Code:   
Telephone no:  Title:  Supervisor:   
Dates employed: From:  To:  Reason for leaving:   
Starting hourly rate:  Ending hourly rate:

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2. Employer  Address:   
City:  State:  Zip Code:   
Telephone no:  Title:  Supervisor:   
Dates employed: From:  To:  Reason for leaving:   
Starting hourly rate:  Ending hourly rate:

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3. Employer  Address:   
City:  State:  Zip Code:   
Telephone no:  Title:  Supervisor:   
Dates employed: From:  To:  Reason for leaving:   
Starting hourly rate:  Ending hourly rate:

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4. Employer  Address:   
City:  State:  Zip Code:   
Telephone no:  Title:  Supervisor:   
Dates employed: From:  To:  Reason for leaving:   
Starting hourly rate:  Ending hourly rate:

**Special Skills and Qualifications:** Please summarize special job-related skills and qualifications acquired from employment or other experience. You may exclude organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

**APPLICANT'S STATEMENT:** I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 60 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer, including submitting to a pre-employment drug screen.

Date:

\_\_\_\_\_  
Signature of applicant

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, or any other legally protected status. As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

**APPLICATION PROCESS:** To receive consideration, applicants must complete this application in full. If a resume is submitted for part of the information requested on this application, applicants must be certain that the resume contain all of the information on this application.

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