

## City of Rocky River, Ohio

21012 Hilliard Boulevard Rocky River, Ohio 44116

Website: www.rrcity.com Phone: 440-331-0600 Email: humanresources@rrcity.com

## APPLICATION FOR EMPLOYMENT

The City of Rocky River considers applicants for all positions without regard to race, color, religion, sex, age, national origin, disability, military or citizenship status, genetic information, or any other legally protected status.

TO BE CONSIDERED FOR EMPLOYMENT: 1) Complete the application entirely and answer every question fully; 2) Do not use "refer to resume"; and 3) Sign and date the application.

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PERSONAL INFORMAT	ION							
Last Name		First Name		Middle l	nitial I	Phone – Da	у	Ī
	T		T	Т	I	Phone – Ev	ening	-
Address	City		State	Zip		E-Mail		-
Other Last Names Used		y authorized to whip or immigration				Are you at l  □ Ye	least 18 years of age?	=
Have you previously filed an applica	tion with us?	Yes □ No	If yes, date		Do you have <b>a</b> Name:	ny relative:	s employed here?	
Have you ever been employed with	Yes □ No	If yes, date		Referred by:				
		103 110	11 y cs, autc		Referred by.			_
POSITION INTEREST		_	_	_	_	_		
Position Applied For			Date Available			Salary Requirement		
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Are you available to work:	ıll Time 🗆	Part Time	□ Shift Worl	d □ Over	time □ Seas	sonal (Fron	Dates Available  1: To:)	)
EMPLOYMENT HISTOR	RY							
Most recent employer first, for at lea	st 10 years and in	nclude job-related	l military serv	ice assignments	s if applicable. U	se back of	page if necessary.	
Name of Employer		Immediate Super	rvisor		Start Date		End Date	
Employer Address				Employer Phone Number				
Starting Position Current/		Current/Ending I	rent/Ending Position		Starting Sala	Starting Salary/Wage		
			Endin		Ending Sala	g Salary/Wage		
Work Performed					Reason for I	Leaving		
May we contact your present employ	er?   Yes	No						
Name of Employer		Immediate Super	rvisor		Start Date		End Date	
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Work Performed					Reason for I	Leaving		

EDUCATION		AT CIZITIO	LICENSES					
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Business/Technical								
Or Undergraduate								
Graduate School/								
Other								
Professional Certification	ations	Do you have a val	lid Ohio driver's license?	□ Yes □ N	lo License No	D.:		
Trotossionar Contino			lid commercial driver's lice		lo Endorseme	ents:		
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Describe specialized	training, appren	iceships, skins, and	i extra-curricular activities	related to the job	ioi wilich you are a	apprying.		
DEFEDENCE	7							
REFERENCE		1. 1	C - 1 1 1 2 C 1 - 1					
Name	, addresses and to	Addre	of at least 3 references, <b>but</b>	neitner relatives	Telephone Number			
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Name		Addre	ess		Telephone Number	er		
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Name		Addre	ess		Telephone Number	er		
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APPLICANT A	AUTHORIZ	ZATION AND	UNDERSTANDIN	NG				
		READ	CAREFULLY BEFO	RE SIGNIN	G			
* 1 1 1 1								
I hereby authorize an investigation of my references, work record, education and other matters related to my suitability for employment, such as								
criminal convictions or driving record, and further authorize my present employer or any former employer and the references I have listed, to disclose to the City or its agents any and all documents and other information related to my work records, except those which would indicate race, color,								
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