

# **CITY OF BRUNSWICK**

4095 CENTER ROAD • BRUNSWICK, OHIO 44212

## **APPLICATION FOR EMPLOYMENT**



**PERSONAL**

NAME (please print)				DATE
STREET ADDRESS				SOCIAL SECURITY NO.
CITY	COUNTY	STATE	ZIP CODE	TELEPHONE NO.
NAME OF PERSON TO CONTACT IN CASE OF EMERGENCY			PHONE	CAN YOU, AFTER EMPLOYMENT, SUBMIT VERIFICATION OF YOUR LEGAL RIGHT TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO
1.			2.	

**EDUCATION**

Circle No. of Years Attended	1 2 3 4				1 2 3 4				1 2 3 4			
	HIGH SCHOOL				COLLEGE OR TRADE SCHOOL				COLLEGE OR GRADUATE SCHOOL			
NAME OF SCHOOL AND LOCATION												
DATES OF ATTENDANCE												
DEGREE												
APPROXIMATE GRADE OR CLASS STANDING												
MAJOR STUDIES												
FAVORITE SUBJECTS												
LEAST LIKED SUBJECTS												
OFFICES, HONORS AND AWARDS												
EXTRACURRICULAR ACTIVITIES												
WHAT PORTION OF YOUR EXPENSES DID YOU EARN AND HOW DID YOU EARN IT?												

ADDITIONAL COMMENTS \_\_\_\_\_

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**UNITED STATES MILITARY RECORD**

BRANCH OF U.S. SERVICE	DATE ENTERED	DATE DISCHARGED	FINAL RANK
DUTIES WHILE IN SERVICE			
PRESENT DRAFT STATUS			

**PREVIOUS WORK EXPERIENCE**

*Start with Most Recent -*

FIRM NAME		PHONE NO. (INCLUDE AREA CODE)	TYPE OF BUSINESS	
STREET ADDRESS		MAJOR PRODUCT		
CITY, STATE, ZIP		NAME OF LAST IMMEDIATE SUPERVISOR		HIS/HER TITLE
	DATE-MONTH YEAR	SALARY	YOUR TITLE OR JOB NAME	DEPARTMENT
STARTING				
FINAL				

REASON FOR SEPARATION \_\_\_\_\_

DUTIES \_\_\_\_\_

FIRM NAME		PHONE NO. (INCLUDE AREA CODE)	TYPE OF BUSINESS	
STREET ADDRESS		MAJOR PRODUCT		
CITY, STATE, ZIP		NAME OF LAST IMMEDIATE SUPERVISOR		HIS/HER TITLE
	DATE-MONTH YEAR	SALARY	YOUR TITLE OR JOB NAME	DEPARTMENT
STARTING				
FINAL				

REASON FOR SEPARATION \_\_\_\_\_

DUTIES \_\_\_\_\_

FIRM NAME		PHONE NO. (INCLUDE AREA CODE)	TYPE OF BUSINESS	
STREET ADDRESS		MAJOR PRODUCT		
CITY, STATE, ZIP		NAME OF LAST IMMEDIATE SUPERVISOR		HIS/HER TITLE
	DATE-MONTH YEAR	SALARY	YOUR TITLE OR JOB NAME	DEPARTMENT
STARTING				
FINAL				

REASON FOR SEPARATION \_\_\_\_\_

DUTIES \_\_\_\_\_

# CIVIL SERVICE COMMISSION

CITY OF BRUNSWICK

4095 CENTER RD.  
BRUNSWICK, OHIO 44212  
PHONE: 225-9144 EXT. 233

## PRE-EMPLOYMENT STATEMENT

I voluntarily give the City of Brunswick/Brunswick Board of Education the right to make a thorough investigation of past employment and activities, agree to cooperate in such investigation and release from all liability all persons, companies or corporations supplying such information.

Public law 91-508 requires that we advise you that a routine inquiry may be made which will provide applicable information concerning character, general reputation, personal characteristics and mode of living. Upon written request additional information as to the nature and scope of the report, if one is made, will be provided.

I understand that the City of Brunswick/Brunswick Board of Education reserves the right to change, amend or terminate its existing policies.

I further understand that if I am employed by the City of Brunswick/Brunswick Board of Education, any false answers or statements made by me on this application or any supplement thereto will be grounds for my immediate discharge for such employment.

APPLICANT'S SIGNATURE

DATE

# CIVIL SERVICE COMMISSION

## CITY OF BRUNSWICK

COMMISSIONERS  
TRACY BUCHHEIT, CHAIRMAN  
RON KOSTURA, CO-CHAIRMAN  
JOHN V. WELKER, JR, SECRETARY

4095 CENTER ROAD  
BRUNSWICK, OHIO 44212  
330-558-6805

### PRE-EMPLOYMENT STATEMENT

I consent to taking physical examinations as may be required by the City of Brunswick. I agree to participate in a drug test at a City designated site and recognize that, if the tests show the presence of illegal drugs, I will no longer be considered for employment with the City of Brunswick. I also understand that the results of the physical examination and the drug test will be released to the City of Brunswick.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_