

EDUCATION

	High School				Technical College				Undergraduate College/University				Graduate			
School Name and Location																
Years Completed	1	2	3	4	1	2	3	4	1	2	3	4	1	2	3	4
Diplomas/Degrees																
Describe Course of Study																
Describe any other training, specialized education, co-op or apprenticeship experience.																
Describe any honors you have received.																
State any additional information about your education that you feel may be helpful to us in considering your application.																

Identify in the appropriate box the language(s) you can speak, read, and/or write.			
	FLUENT	GOOD	FAIR
SPEAK			
READ			
WRITE			

List professional, trade, business, or civic affiliations or activities and offices you hold.
 (You may exclude memberships which reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.)

Have you ever had any job-related training in the United States military? YES _____ NO _____

If YES, please describe _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

EMPLOYMENT EXPERIENCE—Chart must be completed.

Start with your most recent employment. Include any job-related military service assignments and volunteer activities. You may exclude organizations which reveal race, color, religion, gender, national origin, handicap, or other protected status.

Employer	Dates Employed		Work Performed
Address	From	To	
Telephone	Hourly Rate or Salary		
Job Title	Starting	Ending	
Supervisor			
Reason for Leaving			
Employer	Dates Employed		Work Performed
Address	From	To	
Telephone	Hourly Rate or Salary		
Job Title	Starting	Ending	
Supervisor			
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Job Title	Starting	Ending	
Supervisor			
Reason for Leaving			

If you need additional space, please continue on a separate sheet of paper.

SPECIAL SKILLS AND QUALIFICATIONS

Summarize any skills and qualifications that you would like us to consider that haven't been addressed elsewhere.

REFERENCES

Give name, address, telephone number, and relationship of three references who will speak to your work history or ability to perform the duties of the job applied for.

NAME	_____	_____	_____
ADDRESS	_____	_____	_____
	_____	_____	_____
TELEPHONE	_____	_____	_____
RELATIONSHIP	_____	_____	_____

APPLICANT'S CERTIFICATION

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 to arrive at an employment decision.

I understand that this *Application for Employment* shall be considered active for a period of 180 days.

I hereby acknowledge that any employment relationship with the Village of Cleveland is of an "at will" nature, which means that I may resign at any time and the Village may discharge me 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 representative of the Village.

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 Village of Cleveland.

Signature of Applicant

Date