

# APPLICATION FOR EMPLOYMENT CUYAHOGA COUNTY ENGINEER

**Robert C. Klaiber, Jr., P.E., P.S.**



**THE CUYAHOGA COUNTY ENGINEER  
IS AN EQUAL OPPORTUNITY EMPLOYER**

THE CUYAHOGA COUNTY ENGINEER CONSIDERS APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB-RELATED MEDICAL CONDITION OR HANDICAP, OR ANY OTHER LEGALLY PROTECTED STATUS.

(PRINT FULL NAME)

NAME, (LAST, FIRST, MIDDLE INITIAL)		
TELEPHONE NO.		
STREET		
CITY	STATE	ZIP CODE
POSITION APPLIED FOR:		

DEPARTMENT OF HUMAN RESOURCES  
3rd FLOOR  
2100 SUPERIOR VIADUCT  
CLEVELAND, OHIO 44113  
216-348-3856  
Ohio Relay Service 711

# Employment Application

Please print in ink or type all information required

1. Home Address \_\_\_\_\_  
Number Street City Zip
  2. Former Name(s) \_\_\_\_\_  
 Social Security Number \_\_\_\_\_
  3. Person to notify in an emergency \_\_\_\_\_ Phone \_\_\_\_\_
  4. Have you ever served in the Armed Forces of the United States?  Yes  No  
 Branch \_\_\_\_\_
  5. Are you able to perform the duties of the position for which you are applying, with or without accommodation?  Yes  No
  6. Driver's License No. \_\_\_\_\_ Expiration Date \_\_\_\_\_  
 (list other licenses or certificates) \_\_\_\_\_
  7. Please indicate your availability for the following shifts:  
 Day \_\_\_\_\_ Night \_\_\_\_\_ Weekends \_\_\_\_\_ Part-Time \_\_\_\_\_
  8. Name position and relationship of any relative or in-law employed by the Cuyahoga County Engineer's Office or Sanitary Engineer's Office. \_\_\_\_\_
  9. Have you been convicted of a felony or misdemeanor other than a minor traffic offense?  
 Yes  No if yes, explain \_\_\_\_\_
- Prior conviction for a misdemeanor or felony by itself would not necessarily preclude you from employment with the County.
10. EXPERIENCE: Give your complete employment record, including relevant volunteer experience. If you were employed under any other name, write in the name by which you were known to your employer. In addition, list any experience of the kind required for this position. If additional space is needed, attach a sheet of paper.

Title of your present or most recent position:	From: Month & Year
Company Name	To: Month & Year
Number & Street	Total Number Years Worked
City	Hours Worked per Week
State	Present or Last Salary
Name & Title of Immediate Supervisor	
Are you employed by this company now? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes" may we contact your employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Reason For Leaving:

Description of Duties:

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Title of position you held before the one above:			From: Month & Year
Company Name	Phone		To: Month & Year
Number & Street	City	State	Total Number Years Worked
Name & Title of Immediate Supervisor			Hours Worked per Week
Reason For Leaving:			Last Salary \$ _____
Description of Duties:			

Title of position you held before the one above:			From: Month & Year
Company Name	Phone		To: Month & Year
Number & Street	City	State	Total Number Years Worked
Name & Title of Immediate Supervisor			Hours Worked per Week
Reason For Leaving:			Last Salary \$ _____
Description of Duties:			

Title of position you held before the one above:			From: Month & Year
Company Name	Phone		To: Month & Year
Number & Street	City	State	Total Number Years Worked
Name & Title of Immediate Supervisor			Hours Worked per Week
Reason For Leaving:			Last Salary \$ _____
Description of Duties:			

EDUCATION: Name of High School \_\_\_\_\_

Circle Highest Year Completed: 9 10 11 12

Did you graduate?  Yes  No If "No", received GED?  Yes  No

College or University Name & Address	Dates Attended		Major	Credit Hours Earned	Graduation Date	Degree or Certificate Awarded
	From Mo./Yr.	To Mo./Yr.				

All education above a High School diploma must be verified by transcript.

Use this space for additional remarks, special skills, etc., and for other courses, training, or education equivalencies (GED) and for explanation of other items:

If you have ever been employed with the State of Ohio or any of its Political Subdivisions, such service will be considered for the purpose of service credit in determining Vacation.

Agency	From Month/Day/Year	To Month/Day/Year

Please provide verification of the above employment and accrued Sick Leave balance to the appropriate Personnel Officer.

COMPLIANCE WITH THE COUNTY'S DRUG TESTING POLICY IS A CONDITION OF EMPLOYMENT THEREFORE, ALL JOB OFFERS ARE MADE WITH THE UNDERSTANDING THAT PROSPECTIVE EMPLOYEES PASS A DRUG SCREENING TEST PRIOR TO BEING HIRED.

CERTIFICATE OF APPLICANT: I certify that all statements made in this application are true and complete to the best of my knowledge. I understand that any false statements of material facts will subject me to disqualification or dismissal.

Signature \_\_\_\_\_

Date \_\_\_\_\_