



THE VILLAGE OF BROOKLYN HEIGHTS  
PERSONNEL POLICY AND PROCEDURE MANUAL

APPLICATION FOR EMPLOYMENT

SECTION 9.16  
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Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ to: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_  
Beginning salary: \_\_\_\_\_ per \_\_\_\_\_ Current salary: \_\_\_\_\_ per \_\_\_\_\_  
Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you leave? \_\_\_\_\_

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Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ to: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_  
Beginning salary: \_\_\_\_\_ per \_\_\_\_\_ Current salary: \_\_\_\_\_ per \_\_\_\_\_  
Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you leave? \_\_\_\_\_

\*\*\*\*\*

Previous employer: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone number: \_\_\_\_\_  
Dates employed: \_\_\_\_\_ to: \_\_\_\_\_  
Job title: \_\_\_\_\_  
Supervisor's name: \_\_\_\_\_  
Beginning salary: \_\_\_\_\_ per \_\_\_\_\_ Current salary: \_\_\_\_\_ per \_\_\_\_\_  
Describe your duties, responsibilities, equipment operated, promotions, etc.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Why did you leave? \_\_\_\_\_

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If you need to list any additional previous employers, please use a blank sheet of paper to do so.

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3. I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by the village of Brooklyn Heights, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.

Initials: \_\_\_\_\_

4. I understand and accept that the employer requires a high degree of integrity and confidentiality of its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the employer require that the employer's employees do not have a past record of unlawful activities. Therefore, I understand and accept that, depending on the department in which I am applying for employment, it may be necessary for the employer to investigate my background for any criminal or unlawful activity.

Initials: \_\_\_\_\_

5. I hereby authorize the employers, schools and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic and other records to the employer.

Initials: \_\_\_\_\_

6. READ CAREFULLY BEFORE INITIALING

"I agree that any claim or lawsuit relating to my service with the village of Brooklyn Heights or any of its subsidiaries must be filed no more than six (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary."

Initials: \_\_\_\_\_

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE. FINALLY, I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH BROOKLYN HEIGHTS MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT TO THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATIONS TO THE CONTRARY.

\_\_\_\_\_  
(Applicant's Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Notarized by)

\_\_\_\_\_  
(Date)

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**EEO DATA: VOLUNTARY DISCLOSURE FORM**

Regulations of the Equal Employment Opportunity Commission (EEOC) require employers to compile data regarding the nature and make-up of their work forces in order to further the goals of Title VII of the Civil Rights Act of 1964, as amended. Your responses to the following questions will help the employer comply with this requirement. Completion of this questionnaire is entirely voluntary on your part. Should you opt to complete the questionnaire, your response will be used by the employer solely for the purposes of preparing the reports required by the EEOC. Your response will be kept confidential, and will play no part in the employer's evaluation of your employment performance or status, or your treatment as an employee. The completed questionnaire will be kept separate from your personnel file.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Sex:  Male  Female

**RACIAL AND ETHNIC CATEGORIES:**

- White (not of Hispanic origin)
- Black (not of Hispanic origin)
- Hispanic
- Asian or Pacific Islander
- American Indian or Alaska Native

**DO NOT WRITE BELOW THIS LINE**

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Hired:  Yes  No    Position: \_\_\_\_\_

Department: \_\_\_\_\_    Salary/wage: \_\_\_\_\_

Date reporting to work: \_\_\_\_\_    Shift: \_\_\_\_\_