

**Euclid Municipal Court**  
**Application for Employment**  
 555 EAST 222<sup>ND</sup> STREET, EUCLID, OHIO 44123  
 216.289.8267/ [info@euclidmunicipalcourt.com](mailto:info@euclidmunicipalcourt.com)

**EQUAL EMPLOYMENT POLICY**

It is the policy of the City of Euclid to seek and employ the best-qualified individuals for all positions, to provide equal opportunity for the advancement of employees, including upgrading, promotion and training: and to administer these activities in a manner that will not discriminate against any person because of race, color, religion, sex/gender, national origin, age, ancestry, disability, sexual orientation or gender expression, genetic information, military status or veteran status.

**PERSONAL INFORMATION**

LAST NAME	FIRST NAME	MAIDEN/ALIAS	MIDDLE INITIAL
HOME ADDRESS	CITY	STATE	ZIP
PRIMARY PHONE	SECONDARY PHONE	EMAIL ADDRESS	
DO YOU HAVE A WORK PERMIT IF UNDER 18 YEARS OF AGE Yes OR No	DO YOU HAVE A VALID DRIVER'S LICENSE? YES OR NO DRIVER'S LICENSE NUMBER		
ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THE UNITED STATES? YES OR NO	HAVE YOU APPLIED FOR ANOTHER POSITION WITH THE COURT WITHIN THE LAST YEAR? YES OR NO IF SO, WHAT POSITION? WHEN? (GIVE DATE)		

**POSITION APPLIED FOR**

DEPARTMENT: Euclid Municipal Court      POSITION TITLE: Deputy Clerk

**EDUCATION, CERTIFICATIONS, LICENSES**

<u>NAME OF SCHOOL AND LOCATION</u>	<u>CIRCLE LAST YEAR COMPLETED</u>	<u>TYPE OF DEGREE OR DIPLOMA</u>	<u>MAJOR AREA OF STUDY</u>
COLLEGE	9 10 11 12 GRADUATE? Yes No		
HIGH SCHOOL	9 10 11 12 GRADUATE? Yes No		
U.S. MILITARY			

CERTIFICATIONS/LICENSES

**EMPLOYMENT HISTORY**

PRESENT EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE			REASON FOR DESIRING TO LEAVE	
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER?	

EMPLOYMENT HISTORY CONTINUED				
EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE			REASON FOR LEAVING	
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER?	

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE			REASON FOR LEAVING	
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER?	

EMPLOYER		ADDRESS		
DATE STARTED	DATE ENDED	STARTING PAY	ENDING PAY	PHONE NUMBER
POSITION TITLE			REASON FOR LEAVING	
DUTIES PERFORMED				
NAME, TITLE, AND PHONE NUMBER OF IMMEDIATE SUPERVISOR			MAY WE CONTACT THIS EMPLOYER?	

REFERENCES		
List the name & telephone number of three <u>professional</u> references who are not related to you.		
Name	Relationship	Phone number

## ADDITIONAL INFORMATION

List skills, interests, languages spoken or read, licenses, certifications, etc., you feel are important for the position in which you are applying.

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I CERTIFY THAT THE INFORMATION CONTAINED IN THIS APPLICATION IS TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS ON THIS APPLICATION ARE GROUNDS FOR IMMEDIATE DISQUALIFICATION OR DISMISSAL UPON DISCOVERY THEREOF. I UNDERSTAND ALL OUTSIDE APPLICANTS FOR EMPLOYMENT WILL BE REQUIRED TO SUBMIT TO FINGERPRINTING FOR A BACKGROUND CHECK. THE FOLLOWING TYPES OF EMPLOYEE BACKGROUND CHECKS INCLUDE PRIOR EMPLOYMENT VERIFICATION; PERSONAL AND PROFESSIONAL REFERENCES; EDUCATIONAL VERIFICATION; BCI (OHIO BUREAU OF CRIMINAL INVESTIGATION); AND MOTOR VEHICLE. I AUTHORIZE ALL PERSONS, SCHOOLS, COMPANIES, AND GOVERNMENT AGENCIES TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY BACKGROUND, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM LIABILITIES FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING THE SAME.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

Completed applications can be emailed to [info@euclidmunicourt.com](mailto:info@euclidmunicourt.com)

*This application will be kept on file at the Euclid Municipal Court for one year.*

*employment application 10.2023*