



Greater
Cleveland
Partnership

EMPLOYMENT APPLICATION

NAME <i>(Last, First MI)</i>		TODAY'S DATE	
ADDRESS		APT.	
CITY		STATE	ZIP CODE
HOME PHONE		WORK PHONE	
E-MAIL		SOCIAL SECURITY # <i>(Optional)</i>	

POSITION DESIRED			
HOW DID YOU LEARN ABOUT GCP?			
STATUS: <i>(Please check one)</i>	<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time	<input type="checkbox"/> Internship
DATE AVAILABLE TO WORK		DESIRED SALARY	

Have you ever filed an employment application with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been employed with us before?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do any of your friends or relatives work here? If Yes,	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
May we contact you at work?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you prevented from lawfully becoming employed in the United States because of your Visa or Immigration Status?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted of a crime or violation other than a minor traffic infraction? <i>(A conviction record will not necessarily disqualify an applicant from employment.)</i>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please explain:	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Greater Cleveland Partnership provides equal employment opportunities to all employees and applicants without regard to race, color, religion, national origin, veteran status, marital status, sex, sexual orientation, age, disability or military status in accordance with applicable federal, state and local laws.

EMPLOYMENT EXPERIENCE

Start with your present or most recent employment. Include any job-related service-assignments and volunteer activities. If you need additional space, please continue on a separate sheet of paper.

EMPLOYER		DATES EMPLOYED		JOB DUTIES
ADDRESS		FROM	TO	
PHONE NUMBER		COMPENSATION		
JOB TITLE		START	END	
SUPERVISOR		REASON FOR LEAVING		

EMPLOYER		DATES EMPLOYED		JOB DUTIES
ADDRESS		FROM	TO	
PHONE NUMBER		COMPENSATION		
JOB TITLE		START (\$)	END (\$)	
SUPERVISOR		REASON FOR LEAVING		

EMPLOYER		DATES EMPLOYED		JOB DUTIES
ADDRESS		FROM	TO	
PHONE NUMBER		COMPENSATION		
JOB TITLE		START (\$)	END (\$)	
SUPERVISOR		REASON FOR LEAVING		

I authorize GREATER CLEVELAND PARTNERSHIP to obtain information concerning me from former employers and I release all concerned from any liability in connection therewith.

May we also contact your present employer? Yes No

Signature of Applicant _____

EDUCATION

	ELEMENTARY SCHOOL	HIGH SCHOOL	UNDERGRADUATE DEGREE	GRADUATE DEGREE
SCHOOL NAME				
SCHOOL LOCATION				
YEARS COMPLETED	<input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8	<input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4
COURSE OF STUDY				
DEGREE RECEIVED <small>(Provide date and degree name)</small>				

ADDITIONAL TRAINING AND SKILLS

Please list any specialized training, certifications, licenses, honors, job-related skills and qualifications, computer skills, or any other information you feel may be helpful to Greater Cleveland Partnership in considering your application. *(You may exclude any information that would reveal race, color, religion, national origin, veteran status, marital status, sex, sexual orientation, age or disability.)*

REFERENCES

References may be personal or business related but not relatives of applicant.

NAME	ADDRESS	PHONE	RELATIONSHIP
1.			
2.			
3.			

NOTIFICATION AND AGREEMENT

Please read before signing.

I CERTIFY THAT ALL ANSWERS GIVEN BY ME ON THIS EMPLOYMENT APPLICATION ARE TRUE, ACCURATE AND COMPLETE. I UNDERSTAND THAT THE FALSIFICATION, MISREPRESENTATION OR OMISSION OF FACT ON THIS APPLICATION (OR ANY OTHER ACCOMPANYING OR REQUIRED DOCUMENTS) WILL BE CAUSE FOR DENIAL OF EMPLOYMENT OR IMMEDIATE TERMINATION OF EMPLOYMENT, REGARDLESS OF WHEN OR HOW DISCOVERED.

I authorize investigation of all statements and information contained in this employment application as may be necessary in arriving at an employment decision. I release from all liability anyone supplying such information and I also release the employer from all liability that might result from making an investigation.

In the event of employment, I understand that the omission of information as well as false or misleading statements 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 Greater Cleveland Partnership as put forth in the employee handbook.

I hereby understand and acknowledge that any employment relationship with the Greater Cleveland Partnership (GCP) is at-will, and may be terminated by GCP or you at any time, with or without cause, and with or without notice. It is further understood that the at-will employment relationship may not be changed by any written document or verbal promise unless such change is specifically acknowledge in writing by the President/Chief Executive Officer or the Chief Operating Officer of this organization.

I agree that I have read and understand the above statements and hereby grant permission to confirm the information provided on this application by me.

Signature of Applicant

Date