

Filing Information

Date: Mo: _____ Day _____ Yr _____

Time: _____ am _____ pm

Rec'd by _____

Applicant: Do not write in this space

**APPLICATION FOR
SEASONAL EMPLOYMENT**

City of Streetsboro

9148 State Route 43

Streetsboro, OH 44241

Website: www.cityofstreetsboro.com

(PLEASE PRINT CLEARLY)

Name _____ Date _____
Last First Middle Initial

Present Address _____
Street City State Zip Code

Home Phone _____ Cell Phone _____

E-Mail _____ Social Security No. _____

Position applying for: 1st choice _____ 2nd choice _____

First date available for work: _____ Days/Hours available: _____

Were you previously employed by the City of Streetsboro? _____ If yes, when and what positions(s)?

Are you over the age of 18? _____ If no, you MUST provide a Work Permit if working during the school year. Those under age 16 must provide a Work Permit for any work with the City.

Do you possess a valid Ohio Drivers License? _____ Drivers License No. _____

Are you over the age of 21? _____ (21 is minimum age for driving a city vehicle which is not required of all jobs)

Are you legally eligible for employment in the United States? _____

If you require accommodation of any kind to complete the application process, please notify the Human Resources Department at Streetsboro City Hall, 9184 State Rt. 43, Streetsboro, OH 44241, (330) 626-4942 x4101.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act prohibits discrimination on the basis of handicap or disability. The City of Streetsboro is an equal opportunity employer.

WORK EXPERIENCE

Give your employment history below, beginning with the most recent employment and working back. You may attach additional sheets if required.

1. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		
2. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		
3. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		

May we contact the employers listed above? _____ If not, indicate by number which one(s) you do not wish us to contact. _____

Is your resume included with this application? YES _____ NO _____

Have you ever been bonded? YES _____ NO _____

RECORD OF EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Did You Graduate	List Diploma or Degree
High	_____		1 2 3 4	Yes No	
College	_____		1 2 3 4	Yes No	
College	_____		1 2 3 4	Yes No	
Other	_____		1 2 3 4	Yes No	

MILITARY SERVICE RECORD

Were you in the Armed Forces? _____ If yes, what branch? _____

Dates of Duty: _____ Rank at Discharge _____

List duties in the service including special training: _____

I am requesting bonus credit for military service. Yes___ No___
(Attach a copy of DD-214)

CERTIFICATIONS, LICENSES & OTHER

What certifications and/or licenses do you currently hold that you feel are relevant to the position for which you are applying? Please indicate expiration date of any checked items.

CPR _____ First Aid _____ C.P.R. & First Aid Instructor _____

Other: _____

What other interests, experiences or skills do you currently possess that you feel are relevant to the position for which you are applying?

Applicant Statement

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements on this application or during the hiring process shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application I also understand that information may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.

I do hereby understand and agree that:

1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.
2. It is my understanding that the City will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or, in the future, during my employment with the City.
4. I understand and agree that I will be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post accident) I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its agents, officers or employees from any claim arising in connection with the use of such test(s).
5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: overtime, shift work, or a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law.

I further understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signature _____ Date _____

If under 18, signature of parent _____