



Employment Application

Application Must Be Fully Completed
Please Print or Type

City of Mentor

An Equal Opportunity Employer
8500 Civic Center Blvd.
Mentor, OH 44060 (440) 974-5795
Cleveland, No. (440) 942-8796
www.cityofmentor.com

POSITION(S) APPLIED FOR: _____ DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street City State Zip Code

Telephone Number: (_____) _____ Email Address: _____
Area Code

If necessary, best time to call you at home is: _____

Date available for work: _____ Are you on a lay-off and subject to recall? YES NO

Type of employment desired: Full-time Part-time Temporary Seasonal Intern/Educational Co-Op

May we contact you at work? YES NO

If Yes, work number and best time to call: (_____) _____ Time: _____
Area Code

Are you over age 18? YES NO

If you are under 18, can you furnish a work permit? YES NO

Have you filed an application here before? YES NO

If Yes, give date: _____ Position applied for: _____

Have you even been employed by the City of Mentor? YES NO

If Yes, give department and dates: _____ From: _____ To: _____

Do you have any relatives now employed by the City of Mentor? YES NO

If Yes, give name, department and relationship: _____

Are you legally eligible for employment in this country? YES NO

(Proof of U.S. citizenship or immigration status will be required upon employment)

If required, will you undergo a post-offer pre-employment physical with drug test? YES NO

Are you willing to accept a "non smoking" regulation in the workplace? YES NO

If you answer YES to any of the following questions, please give details on bottom of Page Two.

Have you even been discharged or forced to resign from any position on the basis of unsatisfactory conduct or performance? YES NO

Have you even been convicted of a crime? * YES NO

* Do not include anything that happened before you 18th birthday or traffic violations of less than \$100. Conviction does not necessarily disqualify you from employment.

Educational Background

CIRCLE HIGHEST SCHOOL YEAR COMPLETED:

Elementary 1 2 3 4 5 6 7 8

High School 9 10 11 12

College/University 1 2 3 4

Graduate/Professional 1 2 3 4

SCHOOL NAME & ADDRESS		DIPLOMA/ DEGREE	COURSE	GPA/ RANK
High or Trade School		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Business or Technical		Yes <input type="checkbox"/> No <input type="checkbox"/>		
College or University		Degree:	Major:	
Graduate School/Other		Degree:	Major:	

If you did not receive a diploma from a high school, did you receive a high school equivalency diploma (GED)? Yes No

Number: _____
Granting Agency: _____

References

List three persons, other than supervisors listed on Page Three, who are not related to you by blood or marriage, whom we are free to contact and who have knowledge of your character, experience, or ability. Persons familiar with your present or past job performance are strongly preferred.

FULL NAME	COMPLETE BUSINESS OR HOME ADDRESS	OCCUPATION	PHONE NO.

This space may be used to explain your answers to any items on this Application. (Additional sheets may be used if necessary.)

Employment History

In the space provided below, give a complete record of employment for not less than the past 15 years, beginning with your present or most recent employment and working back. Account for all periods, including self-employment, unemployment and service with the U.S. Armed Forces. Use additional sheets if necessary.

Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title(s)		Starting Salary \$ Per	
Immediate Supervisor and Title		Final Salary \$ Per	
Reason for Leaving		May we contact for references? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title(s)		Starting Salary \$ Per	
Immediate Supervisor and Title		Final Salary \$ Per	
Reason for Leaving		May we contact for references? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title(s)		Starting Salary \$ Per	
Immediate Supervisor and Title		Final Salary \$ Per	
Reason for Leaving		May we contact for references? YES <input type="checkbox"/> NO <input type="checkbox"/>	
Employer	Telephone ()	Dates Employed From To	Summarize the nature of the work performed and job responsibilities
Address			
Job Title(s)		Starting Salary \$ Per	
Immediate Supervisor and Title		Final Salary \$ Per	
Reason for Leaving		May we contact for references? YES <input type="checkbox"/> NO <input type="checkbox"/>	

Special Qualifications and Skills

- A. Do you have a valid driver's license? Yes No Expiration Date: _____ State: _____
Type of License: Regular Commercial (CDL)
- B. Approximate number of words per minute in: Typing _____ Shorthand _____
- C. List licenses, registrations or certifications which you possess. Also, list the State or other licensing authority which granted it.
- D. List any special machines or equipment which you are skilled in operating.
- E. Describe any computer experience you may have had.
- F. Give any other special qualifications not covered elsewhere in your application, such as:
(1) your publications; (2) your patents or inventions; (3) public speaking and public relations experience;
(4) membership in professional, trade, civic, or scientific organizations; (5) honors and fellowships received.

My signature constitutes my certification that my responses are true and complete. Where an item is left blank, it is because there is no information within its scope. My signature further constitutes my authorization for the City of Mentor to investigate the facts submitted; and for those with relevant information (including but not limited to, physicians, hospitals and my prior employers) to release such information to the City of Mentor.

I understand and agree that any falsification or omission, either on this form or in my responses to questions asked during the interviewing or examination process, is grounds for immediate termination of employment, no matter when the falsification or omission is discovered.

I also understand that, if hired, my employment is to be "at will" and that either I, or my employer, may terminate my employment at any time, with or without cause, unless the "at will" arrangement is modified by a written agreement signed by both me, or my authorized representative, and by a duly authorized officer of the City of Mentor.

Signature of Applicant

Date Signed

CITY OF MENTOR

Equal Employment Opportunity Questionnaire

The following information would be appreciated on a voluntary basis for compliance with governmental reporting requirements such as for Equal Employment Opportunity (EEO) Reports. It will be detached when your application is filed, and it will not be considered in the employment process.

1. Your name _____ (optional)

2. Job applied for _____

3. Sex (Please check) Male _____ Female _____

4. Describe yourself in terms of one of the following groups. (Please check one)

- | | |
|--|--|
| <input type="checkbox"/> A. American Indian/Alaskan Native | <input type="checkbox"/> D. Hispanic/Spanish Surnamed |
| <input type="checkbox"/> B. Black/African American | <input type="checkbox"/> E. Asian/Pacific Islander |
| <input type="checkbox"/> C. White/Caucasian | <input type="checkbox"/> F. Other: _____
Please Specify |

5. How did you hear about this job? (Please check one)

- A. Newspaper. Please give name: _____
- B. Mentor Channel 12
- C. Professional Journal. Please give name: _____
- D. Community Agency. Please give name: _____
- E. Ohio Bureau of Employment Services
- F. City of Mentor web site – www.cityofmentor.com
- G. Other. Please specify: _____

Date: _____

