



SEASONAL/TEMPORARY 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) 974-9795 | www.cityofmentor.com

POSITION APPLIED FOR: _____

DATE OF APPLICATION: _____

LAST NAME: _____

FIRST NAME: _____

M.I. _____

ADDRESS: _____

CITY: _____

STATE: _____

ZIP: _____

PHONE NUMBER: (____) _____ - _____

EMAIL: _____

DATE AVAILABLE FOR WORK (PLEASE INDICATE START/END DATES:) _____

Do you have a valid driver's license? YES NO DO YOU HAVE A RELIABLE MEANS OF TRANSPORTATION? YES NO

Are you able to work evenings, weekends, and holidays if required? YES NO

Are you able to perform the essential tasks of the job for which you are applying with/without reasonable accommodation?
YES NO

Are you 18 years old or older? YES NO

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

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

Please specify department and dates: _____

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

Please provide name, relationship, department: _____

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

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

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

If you are age 18 or older, you will be required to undergo a background check. Please answer the following questions:

- Have you ever been discharged or forced to resign from employment due to unsatisfactory conduct or performance? YES NO
- After you attained the age of 18, have you ever been convicted of a misdemeanor or felony? YES NO

**If you answered yes to either of these questions, please provide a brief explanation below.
Conviction does not necessarily disqualify you from employment.**

EDUCATIONAL BACKGROUND

Current or most recent high school or college/university

Grade Level / Degree:

EMPLOYMENT HISTORY

Please indicate your work history, starting with your most recent job.

Employer Name & Address	Position	Dates Employed
1.		
2.		
3.		

REFERENCES

List three people who are not related to you, whom we are free to contact and who have knowledge of your character, experience, or ability. People familiar with your present or past job performance strongly preferred.

Name	Business or Home Address	Occupation	Phone No.

SPECIAL QUALIFICATIONS, CERTIFICATIONS & SKILLS

List any qualifications, certifications, and/or special skills you possess (CPR, Computer Skills, etc.)

My signature (electronic or handwritten) constitutes my certification that the above 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 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 I s 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:

Date: