SEASONAL | TEMPORARY POSITION

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
www.cityofmentor.com

APPLICATION DATE: _____

Name: *Last* _____ *First* _____ *Middle Initial* ____

Address: *Street* _____ *City* _____ *State* ____ *Zip Code* _____

Telephone Number: *Home* _____ E-Mail address: _____

Cell _____

APPLICATION FOR POSITION(S) _____ _____

Dates available for work (please indicate start and 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 for with or without reasonable accommodation?

YES ☐ NO ☐

If you are age 18 or older, you will be required to undergo a background check including being fingerprinting. **If you are age 18 or older**, please answer the following questions:

- *Have you ever been discharged or forced to resign from employment based on unsatisfactory conduct or performance?* YES ☐ NO ☐
- ***After you attained the age of 18**, have you been convicted of a crime?** YES ☐ NO ☐

  A conviction of a crime will not immediately disqualify you from being employed by the City of Mentor.

If you answered YES to either of the preceding questions, please provide a brief explanation below.

_____

If you are under age 18, you will be required to furnish a work permit before you begin working and undergo a background check, but you **will not** be fingerprinted.

Have you ever 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, provide name, relationship and department: _____

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

Education Information

Current or most recent high school or college/university:	
	Grade Level/Degree

Work History

Please indicate your work history starting with the most recent job, provide all employers for the last ten years.

Employer Name and Address	Position Held/Duties	Dates of Employment
1.		From
		To
2.		From
		To
3.		From
		To
4.		From
		To

Qualifications, Certifications and Skills

List any special qualifications, certifications and skills you possess: (Example: Lifeguard training, CPR, etc.)

_____

_____

References

List three references. Do not list relatives. People familiar with your present or past job performance are strongly preferred.

Full Name	Business | Home Address	Phone Number

My signature (electronic or handwritten) 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 _____ Date Signed: _____

An electronic signature is acceptable and constitutes your certification that your responses are true and complete on this employment application.