

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) 974-5795 www.cityofmentor.com

POSITION APPLIED FOR:	PPLIED FOR: DATE OF APPLICATION:							
Name: Last	First			M.I				
Address: Street Ci	ty		State	Zip Code				
Telephone Number: () Area Code	E-Mail addres	ss:						
Date available for work (please indicate start/end dates):								
Do you have a valid driver's license? YES \(\bigcup \) NO \(\bigcup \) Do	you have a reli	iable mear	s 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	-	applying w YES	ith/without reasonab NO	le accommodation?				
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 country? (Proof of U.S. citizenship or immigration status will be required upo		YES 🗌	NO 🗌					
Are you willing to accept a "non-smoking" regulation in th	e workplace?	YES	NO 🗌					
If you are age 18 or older, you will be required to undergo	a background	check. Ple	ease answer the follo	owing questions:				
 Have you ever been discharged or forced to performance? 	-	ployment YES	due to unsatisfactory	y conduct or				
After you attained the age of 18, have you ev	er been convict	ed of a mi	sdemeanor/felony o	utside of traffic				
violations?	•	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

Signature:

Current or most re	ecent high school or college/university:				
Employment H	listory				
Please indicate your	work history starting with your most recen	t job.			
Employer Name & Address 1.		Position	Position		loyed
2.					
3.					
	ho are not related to you, whom we are frevo. Persons familiar with your present or page				
Name	Business or Home Address		Occupation		Phone No.
	ications, Certifications & Skills s, certifications, and/or special skills you po		PR, Lifeguard train	ning, etc.)	
complete. Where a constitutes author information (incluinformation to the or in my responsimmediate termin understand that, if employment at ar	ectronic or handwritten) constitutes in an item is left blank, it is because there ization for the City of Mentor to inveding but not limited to, physicians, City of Mentor. I understand and agrees to questions asked during the leation of employment, no matter where the second is to be "at when y time, with or without cause, unless by both me, or my authorized repressions."	e is no in stigate thospital ee that a intervieuen the ill" and the stiff of the st	nformation within he facts submitt ls, and my price ny falsification of wing or examin falsification or of hat either I, or no 'at will" arrange	n its scope. We ded and for the employers or omission, ation procesomission is my employer, ment is modern.	ly signature further hose with relevant) to release such either on this form is, is grounds for discovered. I also may terminate my dified by a written

Date Signed: