

APPLICATION FOR SEASONAL EMPLOYMENT CITY OF OREGON, OHIO



Position Applied For: _____ Date of Application / /

Please take your time in filling out this employment application. The quality and completeness of the information provided will be factored into the city's hiring decision.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status or the presence of a non-job-related medical condition or disability. You may exclude from this application any responses which indicate race, color, religion, sex, national origin, disability, age or ancestry.

First Name: _____ Last Name: _____ M.I. _____

Street Address: _____ Apt. #: _____

City/State: _____ Zip Code: _____

Telephone: _____ Soc. Sec. No.: _____

Cell: _____ Email: _____

Have you ever been employed here before? Yes ___ No ___ If yes, give dates _____

Are you employed now? Yes ___ No ___ If yes, may we contact your present employer? _____

On what date would you be available for work? _____

No person shall be eligible for appointment who has been convicted of a felony or any other crime that may, in the view of the Civil Service Commission, comprise an abuse of the public trust. All applicants must pass a background and/or credit check to make this determination.

Do you have a valid Drivers License? Yes ___ No ___

Give name, address and telephone number of three references who are not related to you and are not previous employers.

EDUCATION

	Elementary	Circle one: High School Diploma or GED	College/University	Graduate/ Professional
School Name				
Years Completed	4 5 6 7 8	9 10 11 12	1 2 3 4	1 2 3 4
Diploma/Degree (Describe Course of Study)				
Describe Special Training, Apprenticeship, Skills & Extra Curricular Activities				
Honors Received:				

EMPLOYMENT EXPERIENCE

Start with your present job. Include military service assignments and volunteer activities. Exclude organization name which indicate race, color, religion, sex, national origin, disability, age or ancestry.

1.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
2.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
3.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	
4.	Employer Name/Address:	Telephone: ()
	Supervisor:	Job Title & Duties
	Hourly <input type="checkbox"/> Salary <input type="checkbox"/> Starting Wage: Ending Wage:	
	Dates Employed: From: / / To: / /	
	Reason for leaving:	

State any additional information you feel may be helpful to us in considering your application:

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision which may include conducting a Criminal Record Check. I understand that this application is not, and is not intended to be, a contract of employment. In the event of employment, I understand that false or misleading information or material omission given in this application or an interview to follow, may result in my discharge whenever it is discovered. I understand, also, that I am required to abide by all rules and regulations of the City of Oregon. I have read the qualifications and can meet the age requirements as set forth herein.

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status? (Proof of citizenship or immigration status will be required upon employment.) Yes No If yes, please explain.

WAIVER

I understand that this is a seasonal position and that I will be employed for 19 weeks or less unless otherwise altered by the City of Oregon.

I further understand that this seasonal position is not subject to any collective bargaining agreement between the City of Oregon and its employees; therefore, the provisions of the agreement do not apply to me or my position.

I understand a positive pre-hire drug screen will discharge me from further consideration for employment with the City of Oregon or cause me to be terminated as a city employee.

The City of Oregon established a drug-free workplace policy in accordance with the Drug-Free Workplace Act of 1988. I understand that all employees of the City of Oregon are required to sign this policy as a condition of employment.

I understand that I may be required to sign a full release of information statement as a condition of my employment with the city for the purpose of verifying the information I have provided on this application.

Date: / /

Applicant's Signature:

Accepted _____ Rejected _____

By: _____