



# SEASONAL APPLICATION FOR EMPLOYMENT

**An  
Equal  
Opportunity  
Employer**

Please print all information

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Position Applied For:	SEASONAL WORKER	Department:	PARKS / STREET / CEMETERY	Date:	
Last Name:	First Name:	Middle Name:			
Address:					
Number and Street		City	State	ZIP	
Telephone Numbers:	Daytime ( )	Cellular ( )			
	Evening ( )	Social Security No:	---	---	

For checking prior records, provide other name(s) under which you are known:

You are available to work  Full-Time Date you can begin work \_\_\_\_\_

**Please note:** you are applying for a full time (7:30am to 4:00pm everyday, Monday through Friday) seasonal position.  
We do not have any part-time positions available.

Are you 18 years or older?.....  Yes  No Are you legally eligible for employment in the U.S.?  Yes  No

Is there anything to prevent you from being at work on time and every day?.....  Yes  No If yes, give details \_\_\_\_\_

Are you able to perform the required duties of the specific job for which you are applying with or without accommodation?  Yes  No  
If yes, explain \_\_\_\_\_

**You are applying for a physically demanding job. This includes mowing, operating weed trimmers, raking, etc**

<b>EDUCATION</b> Circle highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 GED College 1 2 3 4 Graduate School 1 2 3 4				
SCHOOLS	NAME OF SCHOOL / ADDRESS	MAJOR / SUBJECTS STUDIED	DIPLOMA / DEGREE	GRADUATE?
High School:				<input type="checkbox"/> Yes <input type="checkbox"/> No
College:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Trade, Business or Correspondence:				<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:				<input type="checkbox"/> Yes <input type="checkbox"/> No

Are you now attending school?  Yes  No  Full-Time  Part-Time

Describe any specialized training you have completed:

Level of educational achievement will be considered only to the extent that it is job related.

You will be expected to pass a drug and alcohol test prior to employment.  
Drug tests are provided by the City of Mount Vernon.

**The City of Mount Vernon, Ohio**  
**SEASONAL APPLICATION FOR EMPLOYMENT**

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**EMPLOYMENT HISTORY**

NAME & ADDRESS OF COMPANY AND TYPE OF BUSINESS	FROM MO - YR	TO MO - YR	DESCRIBE THE WORK YOU DID AND YOUR TITLE	WEEKLY START SALARY	WEEKLY END SALARY	REASON FOR LEAVING	NAME, TITLE & PHONE # OF YOUR SUPERVISOR

**REFERENCES** List below the names of three persons not related to you who can attest to your work ability.

NAME AND BUSINESS	ADDRESS	DAYTIME PHONE	YEARS KNOWN
		( )	
		( )	
		( )	

**APPLICANT'S STATEMENT** *Please read carefully before signing.*

I certify that the facts contained in this application are true and complete to the best of my knowledge. Should The City of Mount Vernon employ me, any false or misleading information on my application or related papers or during any oral interviews will result in my employment being immediately terminated.

I authorize investigation of all statements contained in this application and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to arrive at an employment decision. I hereby release The City and any former employer and any third party from any liability whatsoever that may be imposed as a result of the release of such information. This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

If separated from employment from The City of Mount Vernon for any reason, I authorize The City to furnish any information related to my employment to any employment reference and release from liability The City and/or any person giving or receiving any such information.

I understand that I am required to abide by all rules and regulations of The City of Mount Vernon. I have read, understand and agree to the above.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_

*Applicants are considered for all positions without regard to race, color, religion, sex, national origin, citizenship, age, marital or veteran status, or the presence of a non-job-related medical disability or handicap.*

**DO NOT WRITE BELOW THIS LINE**

Date Application Received		Time Received		Initials	
____ / ____ / 20__		____ : ____ a.m. / p.m.			
Hired	For Dept.	Position	Start Date	Salary/Wages	
<input type="checkbox"/> Yes <input type="checkbox"/> No					
Approved:					
_____ Department Head			_____ Safety - Service Director		