



City of Mount Vernon
 40 Public Square, Mount Vernon, OH 43050
 www.mountvernonohio.org

Last Name

APPLICATION FOR SEASONAL EMPLOYMENT AT *HIAWATHA WATER PARK*

NAME: Last	First	Middle	Social Security #
ADDRESS:			
CONTACT: Home: _____ Cell: _____			
Email: _____			
POSITION or area in which you want to work: _____ <i>(i.e. Lifeguard, maintenance, concession, front desk)</i>			

CERTIFICATIONS <i>(do you have any of the following?)</i>		
Lifeguard/First Aid <input type="checkbox"/> Yes <input type="checkbox"/> No	C P R <input type="checkbox"/> Yes <input type="checkbox"/> No	Water Park Cert. <input type="checkbox"/> Yes <input type="checkbox"/> No
Current _____ Until _____	Current _____ Until _____	Current _____ Until _____
Other: _____		

What date can you **start**? _____ What is **last** date you can work? _____

List any dates you will need to be off work during the summer:: _____

Have you ever worked for the city before? _____ When? _____

What position? _____ Who was your supervisor? _____

Have you been convicted of a felony?..... Yes No If yes, give details

(A conviction does not mean you cannot be hired. The offense and how recently you were convicted will be evaluated in relation to the job for which you are applying.)

SCHOOL Are you currently in School Yes No

School you attend? _____ Current grade: _____

If you are **NOT** currently a student, list your employment history: (Add extra sheet if needed)

Employee Name and Address	Start Date	End Date	Reason for leaving

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
		()	
		()	
		()	

EMERGENCY CONTACT: Who can we contact in the event of an emergency?

Name _____	Name _____
Phone(s) _____	Phone(s) _____
Relationship _____	Relationship _____

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