

**Filing Information**

Date: Mo: \_\_\_\_\_ Day \_\_\_\_\_ Yr \_\_\_\_\_

Time: \_\_\_\_\_ am \_\_\_\_\_ pm

Rec'd by \_\_\_\_\_

**Applicant: Do not write in this space**



**APPLICATION FOR  
SEASONAL EMPLOYMENT**

City of Twinsburg  
10075 Ravenna Road  
Twinsburg, OH 44087  
Website: www.twinsburg.oh.us  
(PLEASE PRINT CLEARLY)

Name \_\_\_\_\_ Date \_\_\_\_\_  
Last First Middle Initial

Present Address \_\_\_\_\_  
Street City State Zip Code

Phone (\_\_\_\_) \_\_\_\_\_ Social Security No. \_\_\_\_\_

Position applying for: 1<sup>st</sup> choice \_\_\_\_\_ 2<sup>nd</sup> choice \_\_\_\_\_

First date available for work: \_\_\_\_\_ Days/Hours available: \_\_\_\_\_

Were you previously employed by the City of Twinsburg? \_\_\_\_\_ If yes, when and what positions(s)? \_\_\_\_\_

Are you over the age of 18? \_\_\_\_\_ If no, you MUST provide a Work Permit if working during the school year. Those under age 16 must provide a Work Permit for any work with the City.

Do you possess a valid Ohio Drivers License? \_\_\_\_\_ Drivers License No. \_\_\_\_\_

Are you over the age of 21? \_\_\_\_\_ (21 is minimum age for driving a city vehicle which is not required of all jobs)

Are you legally eligible for employment in the United States? \_\_\_\_\_

Have you been convicted of a crime in the past ten (10) years, excluding minor traffic offenses? \_\_\_\_\_

If yes, describe in detail: \_\_\_\_\_

If you require accommodation of any kind to complete the application process, please notify Human Resources at Twinsburg City Hall, 10075 Ravenna Road, Twinsburg, OH 44087, 330.963.6320.

The Civil Rights Act of 1964 prohibits discrimination in employment practice because of race, color, religion, sex, or national origin. The Age Discrimination Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act prohibits discrimination on the basis of handicap or disability. The City of Twinsburg is an equal opportunity employer.

## WORK EXPERIENCE

Give your employment history below, beginning with the most recent employment and working back. You may attach additional sheets if required.

1. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		
2. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		
3. Dates of Employment: From _____ To _____		
Title or Position	Salary: Beginning	Ending
Name & Address of Employer	Immediate Supervisor/Phone Number	
Reason for Leaving:		
Description of Duties & Responsibilities		

May we contact the employers listed above? \_\_\_\_\_ If not, indicate by number which one(s) you do not wish us to contact. \_\_\_\_\_

Is your resume included with this application? YES \_\_\_\_\_ NO \_\_\_\_\_

Have you ever been bonded? YES \_\_\_\_\_ NO \_\_\_\_\_

**RECORD OF EDUCATION**

School	Name & Address of School	Course of Study	Years Completed	Did You Graduate	List Diploma or Degree
High	_____		1 2 3 4	Yes	
	_____			No	
College	_____		1 2 3 4	Yes	
	_____			No	
College	_____		1 2 3 4	Yes	
	_____			No	
Other	_____		1 2 3 4	Yes	
	_____			No	

**MILITARY SERVICE RECORD**

Were you in the Armed Forces? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Dates of Duty: \_\_\_\_\_ Rank at Discharge \_\_\_\_\_

List duties in the service including special training: \_\_\_\_\_

I am requesting bonus credit for military service. Yes \_\_\_ No \_\_\_  
 (Attach a copy of DD-214)

**CERTIFICATIONS, LICENSES & OTHER**

What certifications and/or licenses do you currently hold that you feel are relevant to the position for which you are applying? Please indicate expiration date of any checked items.

CPR \_\_\_\_\_  First Aid \_\_\_\_\_  Lifeguard Training \_\_\_\_\_  Lifeguard Train. Instructor \_\_\_\_\_

C.P.R. & First Aid Instructor \_\_\_\_\_  Water Safety Instructor \_\_\_\_\_  A.F.O. or C.P.O. \_\_\_\_\_

Other: \_\_\_\_\_

What other interests, experiences or skills do you currently possess that you feel are relevant to the position for which you are applying?

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## Applicant Statement

The facts set forth above in my application are true and complete. I understand that if employed, or considered for employment, false statements on this application or during the hiring process shall be considered sufficient cause for removal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

In making this application I also understand that information may be obtained through personal interviews with my neighbors, friends or others with whom I am acquainted. This includes information as to my character, general reputation, personal characteristics and mode of living. I understand that I have the right to submit a written clarification of any adverse or incorrect information in my application file.

I do hereby understand and agree that:

- 1. Any material misrepresentation or deliberate omission of a fact in my application may be justification for refusal of or, if employed, termination from employment.**
2. It is my understanding that the City will make a thorough investigation of my entire work and personal history and may verify all data given in my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by the City and I release from liability any person giving or receiving any such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired or, if hired, may subject me to immediate dismissal.
3. I authorize any physician or hospital to release any information which may be necessary to determine my ability to perform the duties of a job I am being considered for prior to employment or, in the future, during my employment with the City.
4. I understand and agree that I will be required to take and pass a drug test as a condition of hiring and/or continued employment. (Drug testing includes pre-employment, random, for cause and post accident) I agree to consent to take such test(s) at such time as designated by the City and to release to the City, its agents, officers or employees from any claim arising in connection with the use of such test(s).
5. Although management makes every effort to accommodate individual preferences, business needs may, at times, make the following conditions mandatory: overtime, shift work, or a rotating work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.

I am aware that this application is a 'Public Record' and will be handled in accordance with Ohio Public Records law.

I further understand that this is an application for employment and that no employment contract is being offered.

I have read and understand the above.

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, signature of parent \_\_\_\_\_