

City of Defiance

APPLICATION FOR SEASONAL EMPLOYMENT

Equal Opportunity Employer Discrimination in employment because of race, religion, creed, color, national origin, ancestry, disability, age, sex, or liability for service in Armed Forces of the United States is prohibited by city policy. In addition, City employment policy requires compliance with state and local fair employment practice laws and regulations. The City of Defiance is an equal opportunity employer.

POSITIONS

Seasonal Mowing _____ Seasonal Compost _____ Seasonal Maintenance _____

Date available to work _____ Last date available to work _____

Last Name	First Name	Middle Name	Date of Application	
Address Number	Street	City	State	Zip Code
Telephone Number(s)		Driver's License #	Birthdate if Under Age 18	
Email Address				

GENERAL INFORMATION

Have you ever worked for the City of Defiance?..... Yes No

If yes, reason for leaving, year and under what name? _____

Do any of your relatives or friends work here?..... Yes No

If yes, please list: _____

Are you a U.S. Citizen?..... Yes No

(If you are hired, you will be required to submit proof of citizenship or furnish proof of your right to work in the United States)

EDUCATION

Education will be considered only to the extent relevant for the position for which you are applying.

School	Name & Address of School	Circle Last Year Completed	Course of Study	Did you graduate?
High School		9 10 11 12		
Undergraduate College		1 2 3 4		
Other (Specify)				

EMPLOYMENT EXPERIENCE

Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving	May we contact?		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving	May we contact?		
Employer	Dates Employed		Work Performed
	From	To	
Address			
Telephone Numbers	Hourly Rate/Salary		
	Starting	Final	
Job Title			
Supervisor			
Reason for Leaving			

REFERENCES

Please list three individuals who are not related to you, do not live with you, and have known you at least three years, such as a supervisor, co-worker, business leader, professional person, etc.

Name	Address	Telephone number	Relationship	How long have you known this person?

ADDITIONAL INFORMATION

List any skills, experience, or training you feel may better qualify you for the position you are applying for:

Why are you interested in this job? _____

I hereby authorize anyone of whom request is made to supply to the city any information concerning my background in connection with employment consideration. I hereby release all parties, including but not limited to the City and my prior employers, from any and all liability for any damage that may result from their furnishing information concerning me. I understand falsification, misrepresentation, incomplete information, or omission of facts called for on the application constitutes sufficient cause for the withdrawal of any employment offer or my dismissal from any employment resulting from this application. I understand and hereby acknowledge that any offer of employment with the City of Defiance could be conditional upon the satisfactory completion of medical testing which could include a drug screening. I also agree to undergo periodic or random drug screening as may be required by the City of Defiance. I also understand and hereby acknowledge that if I am offered and accept employment with the City of Defiance, employment is considered at-will, is for no definite period of time, and may be terminated with or without cause. I further understand that this application for employment is not a contract of employment.

Date: _____

Signature: _____

We will keep this application for employment active for consideration for a period of 6-months.

RETURN THIS APPLICATION TO:

**HUMAN RESOURCES
CITY OF DEFIANCE
631 PERRY STREET
DEFIANCE, OHIO43512**