



# City of Defiance, Ohio

## APPLICATION FOR SEASONAL EMPLOYMENT

The City of Defiance, Ohio is an equal opportunity employer and employment decisions are made without regard to race, religion, creed, color, national origin, ancestry, disability, age, sex (including pregnancy and sexual orientation), genetic information, veteran status, or military status.

**Please Print Legibly or Type**

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

Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

(\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Telephone Number \_\_\_\_\_ Email Address \_\_\_\_\_

### GENERAL INFORMATION

1. Position applying for:  **Seasonal Mowing**  **Seasonal Maintenance**  **Seasonal Compost**
2. Do you have a valid driver's license?..... Yes  No
3. Do you have any relatives currently employed by the City of Defiance?..... Yes  No

If yes, please list: \_\_\_\_\_

### EDUCATION

	School Name	Current Grade or Graduation Year	Course of Study
High School			
College or Trade School			

### EMPLOYMENT EXPERIENCE

Please list your past work experience beginning with your current or most recent employment. Military experience and volunteer work may also be included as employment. If you need additional space, attach another sheet to this application.

<b>Employer:</b>	Hire Date:	Ending Date:
Address:	Job Title:	Salary:
	Reason for leaving:	
Telephone:	Job Duties:	
Supervisor's Name:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

<b>Employer:</b>	Hire Date:	Ending Date:
Address:	Job Title:	Salary:
	Reason for leaving:	
Telephone:	Job Duties:	
Supervisor's Name:		
<input type="checkbox"/> Full-Time <input type="checkbox"/> Part-Time		
May we contact? <input type="checkbox"/> Yes <input type="checkbox"/> No		

### **EMPLOYMENT 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	Telephone number	Relationship

### **ADDITIONAL INFORMATION**

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

**Date available to start:** \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_ **Last date available to work:** \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_

**Signature of Applicant:** \_\_\_\_\_ / \_\_\_\_\_ /20 \_\_\_\_\_  
**Date of Application**

**Please return application to:** City of Defiance, Human Resources, 631 Perry Street, Defiance, OH 43512