



*City of St. Marys*

**APPLICATION FOR SEASONAL EMPLOYMENT**

101 E. Spring Street, St. Marys, OH 45885  
 (419) 394-3303 www.cityofstmarys.net  
*An Equal Opportunity Employer*

**Position Applied For:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_ Telephone No. \_\_\_\_\_

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

Are you able to work any shift?  Yes  No If no, please explain: \_\_\_\_\_

Have you had previous City employment?  Yes  No If yes, when? \_\_\_\_\_ Dept. \_\_\_\_\_

Are you legally authorized to work in the United States?  Yes  No Desired Rate of Pay: \_\_\_\_\_

If employment is offered, when are you available for work? From: \_\_\_\_\_ To: \_\_\_\_\_

During the period of time stated above, are there any days or times you are unable to work due to vacation planned or school requirement?  Yes (indicate dates and reasons below)  No

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

Date: \_\_\_\_\_ Reason: \_\_\_\_\_

**EDUCATION**

	Name and Address	Course of Study/Degree	Dates	Did You Graduate?
High School				
College (past, current, or future)				
Trade/Business				

**LICENSES AND CERTIFICATIONS**

Do you presently have a valid State of Ohio Driver's License?  Yes  No

*If applying for a seasonal position at the swimming pool, do you have a valid:*

First Aid Certificate?  Yes  No CPR Professional Rescuer Certificate?  Yes  No

Lifeguard Training Certificate?  Yes  No Water Safety Instructor Certificate?  Yes  No

**PERSONAL REFERENCES** Please provide two references who are not related to you.

Name and Occupation	Address/City/State	Telephone No.

**EMPLOYMENT HISTORY** List current and previous employment, beginning with most recent.

**Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Full-time  Part-time  Temporary   
Employed From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Supervisor: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
If presently employed, may we contact your current employer prior to employment? \_\_\_\_\_

**Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Full-time  Part-time  Temporary   
Employed From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Supervisor: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**Employer:** \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Address: \_\_\_\_\_ Full-time  Part-time  Temporary   
Employed From \_\_\_/\_\_\_ To \_\_\_/\_\_\_ Supervisor: \_\_\_\_\_ Ending Salary: \_\_\_\_\_  
Job Title: \_\_\_\_\_ Responsibilities: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY AND SIGN BELOW**

*By signing below, you are indicating your understanding of, and consent to, the contents and conditions of the following information. If you have any questions regarding this information, contact the Personnel Office of the City of St. Marys before signing. If employed, this application becomes part of your official employment record.*

I certify the information set forth in this employment application is true, accurate, and complete to the best of my knowledge. I understand and accept that any information found to be falsified or intentionally excluded, may disqualify me from further consideration or, if employed, may result in disciplinary action, including termination of my employment, whenever discovered. I authorize the employers, schools, and personal references named in this application to provide and release records of employment, academic, and other information regarding myself to the City of St. Marys.

I hereby specifically waive any right to personal privacy I might have in the above information and release the City of St. Marys and any person or agency from any liability whatsoever resulting from the release of such information. I understand employment-related documents of a public entity in Ohio are subject to inspection by members of the public under the Ohio Sunshine Law. I further understand, if employed, I will be required to provide proof of identity and employment eligibility to work in the United States.

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

*City of St. Marys*  
**AFFIRMATIVE ACTION DATA RECORD**  
**Voluntary Information Form**

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Employees are treated during employment without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, sexual orientation, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose of this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file. Please note: **YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position Applied For: \_\_\_\_\_ Date: \_\_\_\_\_

Referral Source:

- |  |                                      |                                       |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Advertisement | <input type="checkbox"/> Walk-In     | <input type="checkbox"/> Internet     |
| <input type="checkbox"/> City Employee | <input type="checkbox"/> Relative    | <input type="checkbox"/> Govt. Agency |
| <input type="checkbox"/> Friend        | <input type="checkbox"/> Other _____ |                                       |

Check One:  Male  Female

Check One of the Following:

- |                                   |   |
|-----------------------------------|---|
| <input type="checkbox"/> White    | <input type="checkbox"/> American Indian/Alaskan Native |
| <input type="checkbox"/> Black    | <input type="checkbox"/> Asian/Pacific Islander         |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> Other                          |

Check If Any of the Following Are Applicable:

- Vietnam Era Veteran
- Disabled Veteran
- Disabled Individual

Birthdate: \_\_\_\_\_