



# City of Sidney



201 West Poplar Street

Sidney, Ohio 45365

Phone 937-498-2335, Fax 937-498-8160

## SUMMER / TEMPORARY EMPLOYMENT APPLICATION JOB# 2012-00

**NOTICE:** This application is part of the examination process. Incomplete and/or inaccurate answers will result in your not being considered. False statements will invalidate your application and/or appointment.

### PERSONAL

Name \_\_\_\_\_ SSN# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_  
Street Address City State Zip

Cell Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

E-mail Address \_\_\_\_\_

Name of person who can be reached at all times \_\_\_\_\_ Phone # (\_\_\_\_) - \_\_\_\_\_ - \_\_\_\_\_

Commercial Driver's License  Yes  No Class \_\_\_\_\_ Type \_\_\_\_\_

Driver's License # or State ID # \_\_\_\_\_

### EDUCATION (High School & Post High School Only)

School	Name of School	Circle Last Year Completed	Did You Graduate?	Course of Study And/or Degree
High School		9 10 11 12	Yes No	
College		1 2 3 4	Yes No	
Other (specify)				

### MISCELLANEOUS

Please check the position in which you would be interested:

#### LABOR / MAINTENANCE - 17 YEARS OF AGE OR OLDER

Parks  Street  Cemetery  Engineering  Water/Wastewater

#### RECREATION

Playground Leader  Arts & Crafts

#### MUNICIPAL POOL - 16 YEARS OF AGE OR OLDER (16 YEAR OLD - APPLY ONLY HERE)

Swimming Pool

Do you have a valid: Lifeguard Certificate?  Yes  No First Aid Certificate?  Yes  No

W.S.I. Certificate  Yes  No CPR Professional Rescuer Certificate?  Yes  No

When would you be available? \_\_\_\_\_ Full-time (Summer) \_\_\_\_\_ Part-time (after school etc.) \_\_\_\_\_

**PRIOR WORK HISTORY** (List last employer first)

<u>DATE:</u>		<u>EMPLOYER</u>	<u>NATURE OF WORK</u>
<u>FROM</u>	<u>TO</u>		
Name _____			
Address _____			
Supervisor's Name _____			
Reason for leaving _____			Rate of Pay: _____
Name _____			
Address _____			
Supervisor's Name _____			
Reason for leaving _____			Rate of Pay: _____
Name _____			
Address _____			
Supervisor's Name _____			
Reason for leaving _____			Rate of Pay: _____
Name _____			
Address _____			
Supervisor's Name _____			
Reason for leaving _____			Rate of Pay: _____

**PROFESSIONAL REFERENCES** (List three people who have knowledge of your character, experience and ability)

<u>Name</u>	<u>City/State</u>	<u>Occupation</u>	<u>Telephone Number</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Can you physically perform all of the essential functions of the job as listed on the job description? If you cannot perform all functions, which one can you not perform and what accommodation could be made so that you could perform all the essential functions of the job?  Yes  No

**PLEASE READ AND SIGN BELOW:**

*The facts set forth in my application for employment are true and complete to the best of my knowledge. I understand that if employed, any false statement on this application may result in my dismissal. I further understand that this application is not and is not intended to be a contract of employment, nor does this application obligate the employer in any way. If the employer decides to employ me, I understand and agree that my employment is at-will and can be terminated by either party with or without notice, at any time, for any reason not contrary to law. I also understand that a background check may be required prior to employment, and that, in accordance with the Drug-Free Workplace Program, drug testing may be required. I waive all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the agency that holds the vacancy for which I am applying and to appropriate officials for recruitment purposes. I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act. No one other than the City Manager of the City of Sidney has any authority to enter into any agreement for employment for any specified period of time or to make any agreement contrary to the foregoing and then only in writing signed by the City Manager.*

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



## CONSENT TO EMPLOY MINOR

The undersigned, parent or guardian of \_\_\_\_\_,  
a minor \_\_\_\_\_ years of age (date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_), hereby consents to  
the employment of said minor by the City of Sidney, Ohio, during the summer vacation months  
of 200\_\_.

This consent is being given to comply with Section 4109.02, O.R.C.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 200\_\_.

*I understand that this is not an offer for employment.*

\_\_\_\_\_  
Parent or Guardian

### Section 4109.02, Ohio Revised Code

*Minors aged sixteen or seventeen who are to be employed during summer vacation months after the last day of the school term in the spring and before the first day of the school term in the fall, in nonagricultural and non hazardous employment as defined by the "Fair Labor Standards Act of 1938", 52 Stat. 1060.29 U.S.C.A. 201, and similar state statutes, or in other employment not prohibited to minors age sixteen or seventeen by law, shall not be required to provide an age and schooling certificate as a condition of employment. In order to be hired for employment during summer vacation months, such minors shall provide the employer with the following:*

- (1) *Evidence of proof of age in the same manner as proof of age is provided the superintendent of schools under Division C of Section 3331.02 of the Revised Code.*
- (2) *A statement signed by the minor's parent or guardian consenting to the proposed employment during the summer vacation months. For the purpose of this Section, in the absence of a parent or guardian a person over eighteen years of age with whom the minor resides may sign such statement.*

*The employer shall retain a copy of the proof of age and the statement of consent with the minor's employment records.*



## RELEASE AND AUTHORIZATION

To Whom It May Concern:

This release is for the consideration of my employment with the City of Sidney for purposes of evaluating my general medical condition or injuries I have received.

I hereby authorize the City of Sidney, Ohio and any of its officers, or agents, to inspect and copy all medical records, reports, and information concerning my past or present medical condition or treatment I have received or am receiving.

I understand that an OBMV (Ohio Bureau of Motor Vehicles) license check and BCII (Bureau of Criminal Investigation and Identification) criminal background check concerning my past or present traffic and criminal record is required before an offer of employment can be made.

I understand that as part of my application for employment I must successfully complete a pre-employment drug test or a USDOT drug test as required by 49 CFR Part 655, and that a negative test result is required before I will be considered for employment with the City of Sidney.

I hereby revoke all other releases executed by me prior to the date hereof:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Name or any other Name Used



**City of Sidney**

**March, 2004**

**EMPLOYMENT OF MINORS**

The U.S. Department of Labor prohibits employees under the age of 17 from driving on public roadways as part of his or her job. Seventeen-year-olds may drive on public roadways as part of their employment, but **only**, if all of the following requirements are met:

- The driving is limited to daylight hours;
- The 17-year-old holds a State License valid for the type of driving involved in the job performed;
- The 17-year-old has successfully completed a State approved driving education course and **has no record of any moving violation, at the time of hire;**
- The automobile or truck is equipped with a seat belt for the driver and any passengers, and the employer has instructed that the seat belts must be worn while driving the vehicle;
- The automobile or truck does not exceed 6,000 pounds of gross vehicle weight.

Due to the nature of the City's seasonal positions and the need for seasonal employees to be able to drive vehicles, the following policy applies to the hiring of all seasonal employees:

- **Sixteen (16)-year-olds will only be hired at the Sidney Municipal Pool**, where driving is not required as part of the job;
- **Seventeen (17)-year-olds will not be hired if they have a record of any vehicular moving violations at the time of hire**, except at the Sidney Municipal Pool, where driving is not required as part of the job.

## Ohio Civil Rights Commission – Statistical Survey

**INSTRUCTIONS:**                    *The City of Sidney is required to report on the statistical information requested below. If you choose to volunteer this information, it will be filed separately from your employment application. Whether or not you elect to provide this information is entirely voluntary and will not affect any employment decision. However, in order for us to gather the needed information, we do ask that you provide responses to all 6 questions. If you prefer not to answer any or all of the following questions, please select the box titled “No Response”. Thank you for your assistance in this statistical survey.*

1)    **ETHNIC RACIAL STATUS:** (Please check only one)

- |                                      |  |   |
|--------------------------------------|--|---|
| <input type="checkbox"/> White       | <input type="checkbox"/> Hispanic        | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Black       | <input type="checkbox"/> American Indian | <input type="checkbox"/> Other          |
| <input type="checkbox"/> No Response |  |   |
- 

2)    **SEX:**

- |                               |                                 |                                      |
|-------------------------------|---------------------------------|--------------------------------------|
| <input type="checkbox"/> Male | <input type="checkbox"/> Female | <input type="checkbox"/> No Response |
|-------------------------------|---------------------------------|--------------------------------------|
- 

3)    **AGE GROUP:**

- |                                      |                                   |                                       |
|--------------------------------------|-----------------------------------|---------------------------------------|
| <input type="checkbox"/> 16          | <input type="checkbox"/> 18 to 25 | <input type="checkbox"/> 41 to 65     |
| <input type="checkbox"/> 17          | <input type="checkbox"/> 26 to 40 | <input type="checkbox"/> 66 and older |
| <input type="checkbox"/> No Response |                                   |                                       |
- 

4)    **HOW DID YOU HEAR ABOUT THIS JOB?** (Please check only one)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Sidney Daily News       | <input type="checkbox"/> Friend               | <input type="checkbox"/> Internet         |
| <input type="checkbox"/> Area Newspaper          | <input type="checkbox"/> Current Employee     | <input type="checkbox"/> Radio/Television |
| <input type="checkbox"/> Ohio Employment Service | <input type="checkbox"/> Professional Journal | <input type="checkbox"/> No Response      |
- 

5)    **RESIDENCE:** (Please check only one)

- |                                      |  |                               |                                       |
|--------------------------------------|--|-------------------------------|---------------------------------------|
| <input type="checkbox"/> Sidney      | <input type="checkbox"/> Shelby County | <input type="checkbox"/> Ohio | <input type="checkbox"/> Out of State |
| <input type="checkbox"/> No Response |  |                               |                                       |
- 

6)    **DO YOU HAVE A KNOWN DISABILITY?**

- |                              |                             |                                      |
|------------------------------|-----------------------------|--------------------------------------|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> No Response |
|------------------------------|-----------------------------|--------------------------------------|

**Seasonal Employment Application**  
**Parks and Recreation Department**  
**Additional Questionnaire**

1. A. Are you available to work through Labor Day? Yes \_\_\_\_\_ No \_\_\_\_\_  
 B. If not, what is your last available work day? \_\_\_\_\_

2. List any certifications or licenses that you currently have:

Type	Issued By	Date Issued	Expiration Date	Name of Certificate

3. Please list all training/experience that qualifies you for the position you are applying for:

A. \_\_\_\_\_

\_\_\_\_\_

B. \_\_\_\_\_

\_\_\_\_\_

C. \_\_\_\_\_

\_\_\_\_\_

4. If in school, what extra curricular activities do you participate in that are related to the position?

\_\_\_\_\_

\_\_\_\_\_

5. What other activities do you participate in which are related to the position you are applying?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_