

*Please return application to: Safety / Service Director's Office
7th Floor Lorain City Hall, 200 West Erie Avenue Lorain, OH 44052 440-204-2011
All seasonal hiring for the City of Lorain shall be pursuant to Ordinance #88-12.*

CITY OF LORAIN APPLICATION FOR SEASONAL EMPLOYMENT

DATE AVAILABLE FOR EMPLOYMENT: _____

Today's Date: _____

Name: _____ Sex: _____

Date of Birth: _____ Driver's License: Yes or No / DLnumber _____

Address: _____

Phone#: _____ Social Security #: _____

EDUCATION:(List College then High School, Vocational or Other)

YEAR ATTENDED	SCHOOL	COURSE OF STUDY

WORK EXPERIENCE: (List previous three places of employment & duties)

DATES EMPLOYED - EMPLOYER ADDRESS/PHONE/CONTACT PERSON- DUTIES

REFERENCES: (List three, other than relatives)

NAME	ADDRESS	PHONE

In order to process your application, please review and initial each of the statements below:

I authorize you to conduct a criminal background check, as well as personal and professional background checks, for the purposes of consideration of this application. You may contact any references, past and current employers, and any other individual or organization that might be relevant to the position for which I am applying—except for those specifically excluded in writing on this application. I hereby ___ release all of these references, employers and other individuals/organizations from any and all liability for ___ damages that might occur in connection with the processing of this application.

I authorize the City of Lorain to conduct a pre-employment drug test.

The City of Lorain prohibits and does not tolerate discrimination in any form, including harassment, on the basis of race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. This organization is an equal opportunity employer and makes hiring and other employment decisions based on job-related qualifications, abilities, and factors other than on the basis of the race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation, or any other protected category of individuals. (For further information, please consult the City’s EEO policy as contained in the Employee Handbook.)

My signature indicates that I have read all of the above statements, that I asked any questions I may have had, and that I fully understand all of these statements.

DO NOT SIGN UNTIL YOU HAVE READ AND INITIALED THE ABOVE STATEMENTS.

Signature of Applicant: _____

By signing this document, applicant acknowledges and consents to a criminal background check and that they shall adhere to the City of Lorain drug testing policy as outlined above.

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Do Not Write Below This Line

DOH: _____ **Position:** _____
Department: _____ **Wage:** _____
Report To: _____ **Report Time:** _____

LORAIN POLICE DEPARTMENT

100 West Erie Avenue
Lorain, Ohio 44052-1646
PH: (440) 204-2103 Fax (440) 204-2519
www.lorainpolice.com



PUBLIC SERVICE WITH HONOR

City of Lorain Applicant Record Check

All fields are MANDATORY

FULL NAME (Last, First, Middle): _____

CURRENT ADDRESS: _____

PREVIOUS ADDRESS: _____
(If none use N/A)

DATE OF BIRTH: _____ SSN: _____

APPLICANTS SIGNATURE: _____

- The applicant named has NO arrest record with the Lorain Police Department.
 The above individual has the following arrest record with the Lorain Police Department.

Police Department Use Only

Was the record check confirmed using a SSN or other for of Identity? Yes No

Record check by (Name, Signature and ID #): _____

Date conducted: _____