

# APPLICATION For PART-TIME / Seasonal EMPLOYMENT

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For \_\_\_\_\_ Date of Application \_\_\_\_\_

How Did You Learn About Us?  
 Advertisement     Relative     Inquiry     Richmond Heights Website  
 Employment Agency     Friend     Other     Richmond Heights ListServe

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle Name \_\_\_\_\_  
Address    Number    Street    City    State    Zip Code  
Telephone Number(s) \_\_\_\_\_ Social Security Number \_\_\_\_\_

Best time to contact you at home is: \_\_\_\_\_:\_\_\_\_\_ AM / PM

Have you ever filed an application with us before?.....  Yes     No  
If Yes, give date \_\_\_\_\_

Have you ever been employed with us before? .....  Yes     No  
If Yes, give date \_\_\_\_\_

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

Are you currently employed?.....  Yes     No

May we contact your present employer? .....  Yes     No

Are you a U.S. citizen? If not, can you provide Work Visa?  
*Proof of citizenship or immigration status will be required upon employment*.....  Yes     No

Date available for work \_\_\_\_/\_\_\_\_/\_\_\_\_

Please indicate when you are available to work: Part-Time: Mornings Afternoons Evenings  
Seasonal: Please indicate dates available: \_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_

Have you ever been convicted of a felony? .....  Yes     No  
*A criminal record does not constitute an automatic bar to employment and will be considered only as it relates to the job in question.*

# EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Other (Specify)				

# EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer	Dates Employed		Work Performed
	Address: Street                      City                      State                      Zip	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for Leaving			
2.	Employer	Dates Employed		Work Performed
	Address: Street                      City                      State                      Zip	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for Leaving			
3.	Employer	Dates Employed		Work Performed
	Address: Street                      City                      State                      Zip	From	To	
	Telephone Number(s)	Hourly Rate/Salary		
	Job Title	Starting	Final	
	Reason for Leaving			

# ADDITIONAL INFORMATION

## Other Qualifications

Summarized special job-related skills and qualifications acquired from employment or other experience.

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## *Note to Applicants:*

I have received a copy of the job description for the position for which I am applying.

I am aware that this application is valid only for the job opening for which it was submitted.

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

Are you capable of performing the essential functions of this position with or without reasonable accomodation?

YES       NO

## PERSONAL REFERENCES

1. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

(Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip)

2. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

(Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip)

3. \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)

(Address: Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip)

# APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for the job opening for which it was submitted. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature. This means either you or the City may terminate the employment relationship at any time. No entity or individual other than the City Manager is authorized to modify The Personnel Rules and Regulations or enter into any agreement, oral or written, contrary to the policies and procedures contained herein.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will lead to discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

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Signature of Applicant

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Date

# Affirmative Action Data Record

In order to provide equal employment and advancement opportunities to all individuals, it continues to be the policy of the City of Richmond Heights to implement fair, effective and positive personnel and management practices. These practices are designed to insure the full realization of equal employment opportunity without regard to race, color, religion, gender, age, national origin, ancestry, disability or handicap, status of Vietnam-era or special disabled veteran, or status in any other classification whose consideration is prohibited by law.

The purpose for 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.

(Please Print)

Last Name	First Name	Middle Name

**Please complete the following sections:**

Job Applying For:	
Check One: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Circle One Of The Following: (Ethnic Origin)	
White	Hispanic/Latino
Black	Other
American Indian/Alaskan Native	Asian
Native Hawaiian/other Pacific Islander	
Check If Any Of The Following Are Applicable	
<input type="checkbox"/> Vietnam Era Veteran	<input type="checkbox"/> Disabled Veteran
<input type="checkbox"/> Disabled Individual	
Birth date	

