



EMPLOYMENT APPLICATION

City of Mentor-on-the-Lake

5860 Andrews Road

Mentor-on-the-Lake, OH 44060

(440) 257-7216

www.citymol.org

As an equal opportunity employer, the City of Mentor-on-the-Lake recruits and selects individuals for employment without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, citizenship status, genetic information or any other legally protected status.

PLEASE PRINT

Position(s) applied for:			Date of Application:		
Last Name:		First Name:		Middle Initial:	
Address:		City:		State:	Zip:
Telephone Number(s):			Email:		
If necessary, best time to call you at home is: _____					
Have you ever filed an application with us before?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Have you ever been employed with us before?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have any friends or relatives that are employed here?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently employed?					<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, may we contact your present employer?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Date available for work?					____/____/____
Are you on a lay-off and subject to recall?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of employment desired?		<input type="checkbox"/> Full-time (Please indicate 1 2 3 shift) <input type="checkbox"/> Part-time (Please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (Please indicate dates available _____)			
Desired salary range					_____
If you are under 18 years of age, can you provide required proof of your eligibility to work?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Are you legally eligible for employment in this country?					<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Proof of U.S. citizenship or immigration status will be required upon employment</i>					
Do you have a valid Driver's License?					<input type="checkbox"/> Yes <input type="checkbox"/> No
Type of License		<input type="checkbox"/> Regular <input type="checkbox"/> Commercial (CDL)			

EDUCATION

Please indicate highest completed in each category:

High School
 Diploma or GED?
 Yes No

College
 1 2 3 4

Graduate School
 1 2 3 4

College(s) Name & Address	Degree Earned	GPA

Business/Technical School(s) Name & Address	License/Certificate

QUALIFICATIONS AND SKILLS

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

List any Computer Software, Special machines or Equipment you are skilled in operating

State any additional information you feel may be helpful to us in considering your application

EMPLOYMENT EXPERIENCE

Start with your present or last job. Account for all periods including unemployment and service in the armed forces. **Do not substitute a resume for this section.** You may exclude organizations which indicate race, religion, gender, national origin or other protected status.

Employer:	Job Title:
Address:	Supervisor:
Phone:	Final Salary:
Reason for Leaving:	Dates of Employment:
Major Duties:	

Employer:	Job Title:
Address:	Supervisor:
Phone:	Final Salary:
Reason for Leaving:	Dates of Employment:
Major Duties:	

Employer:	Job Title:
Address:	Supervisor:
Phone:	Final Salary:
Reason for Leaving:	Dates of Employment:
Major Duties:	

Employer:	Job Title:
Address:	Supervisor:
Phone:	Final Salary:
Reason for Leaving:	Dates of Employment:
Major Duties:	

REFERENCES

List three professional/work references from positions held within the last ten years.

Name:	Title/Position:
Address:	Affiliation (Work Relationship):
Phone:	Number of Years Known:
Email:	May We Contact?

Name:	Title/Position:
Address:	Affiliation (Work Relationship):
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Name:	Title/Position:
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APPLICANT'S STATEMENT

The following statement is a part of the application. Read carefully before signing.

I certify that my responses on this application are true and complete. I understand and agree that any material omission, misrepresentation or falsification of this information is sufficient cause for rejection of my application or termination of my employment.

I hereby authorize the City of Mentor-on-the-Lake to obtain background information about me including but not limited to verification of education, verification of past and present employers and review of criminal convictions.

I also understand and acknowledge that, if hired, my employment is to be "at will" and that the employee or the employer, may terminate my employment at any time, with or without cause. It is further understood that this "at will" employment relationship may be changed by any written document or by conduct unless change is specifically acknowledged in writing by an authorized employee of the City of Mentor-on-the-Lake.

Signature of Applicant

Date

CONSENT AND RELEASE AGREEMENT

I acknowledge that as a condition of being considered for employment with the City of Mentor-on-the-Lake Police Department, or of my continued employment with the City of Mentor-on-the-Lake, it is required and I consent to the following tests to be performed: (1) Psychological Exam; (2) Physical Agility Test; (3) Polygraph Exam; (4) Background Investigation; (5) Medical Exam and (6) Interviews. I further hereby release the City of Mentor-on-the-Lake from any injuries that might occur during said tests, and waive any and all objections to said tests. I further authorize investigation of any and all statements contained in this application.

I understand that misrepresentation or omission of facts requested is grounds for dismissal in the event that I enter into the employ of the City of Mentor-on-the-Lake. I understand and agree that my employment is subject to the rules and regulations of the City of Mentor-on-the-Lake Civil Service Commission, the Ordinances of the City of Mentor-on-the-Lake and the rulings of the Mayor and/or Department Heads.

APPLICANT'S SIGNATURE

DATE

STATE OF OHIO

} ss

COUNTY OF _____

The undersigned having been duly sworn says that all statements contained in the foregoing affidavit are true.
Subscribed and sworn before me this _____ day of _____, 20_____.

By: _____
Applicant's Signature

NOTARY PUBLIC

(SEAL)

My Commission Expires: _____