

CITY OF BEREA

SEASONAL EMPLOYMENT APPLICATION

Please fill out using blue or black ink.

PLEASE PRINT:

Position Applied For Date of Application

Last Name First Name M.I.

Address City State Zip

Phone e-Mail address Social Security Number

Date of Birth (If under 18 years of age) Driver's License Number DL State of Issue

If you are under 18 years of age, can you provide required proof of your eligibility to work? ____ ____

Yes No

Have you ever been employed with the City of Berea before? ____ ____

If yes, please give date and department _____

Yes No

Are you currently employed? ____ ____

Yes No

May we contact your present employer? ____ ____

Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?
(Proof of Citizenship or immigration status will be required upon employment) ____ ____

Yes No

On what date would you be available for work? _____

How many hours are you willing to work per week?
 ____ 10-20 ____ 21-30 ____ 31-40

Are you willing to work overtime if necessary? ____ ____

Yes No

Have you been convicted of a felony within the last seven (7) years?
 Conviction will not necessarily disqualify an applicant from employment ____ ____

If yes, please explain: _____

Yes No

LIFEGUARD APPLICANTS ONLY

Upon Hire, what size t-shirt and swimsuit would you prefer?

_____ T-Shirts (S-2XL) _____ Swimsuit (Male: sizes S-2XL, Female: Use waist sizes 28-48)

CONCESSION APPLICANTS ONLY

Upon hire, what size T-Shirt would you prefer? _____ (S-2XL)

Do you have a current Food Handler's Card? ____ Yes ____ No Expiration: _____

EDUCATION:

	High School	Undergraduate College or University	Graduate or Professional School
School Name and Location			
Years Completed			
Date Graduated			
Diploma/Degree			

Describe any training, skills, or certifications you have completed that would aid in your ability to perform the position applied for:

Are you involved with any activities/sports that may prohibit you from working a full schedule? If yes, please them:

REFERENCES:

Give name, address, and phone number of three (3) references that are not related to you:

1. _____
2. _____
3. _____

Are you capable of performing in a reasonable manner, with or with a reasonable accommodation, the activities involved in the job for which you have applied? A description of the activities involved in each job is available upon request. Yes ____ No ____

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, handicap or other protected status. If you need additional space, please continue on a separate sheet of paper.

1. Employer: _____ Address: _____
City _____ State _____ Zip _____
Telephone Number: _____ Job Title: _____
Supervisor: _____ Dates Employed: From _____ To _____
Reason for leaving: _____

2. Employer: _____ Address: _____
City _____ State _____ Zip _____
Telephone Number: _____ Job Title: _____
Supervisor: _____ Dates Employed: From _____ To _____
Reason for leaving: _____

APPLICANT'S STATEMENT:

I certify that answers given herein are true and complete to the best of my knowledge. 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 a period of time not to exceed 60 days. 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, which means that the Employee may resign at any time and the Employer may discharge the Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

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

Signature of Applicant

Date

Employees are treated during employment without regard to race, color, religion, sex, national origin, age, marital or veteran status, medical condition or handicap, 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.

APPLICATION PROCESS:

To receive consideration, applicants must complete this application in full. If a resume is submitted for part of the information requested on this application, applicants must be certain that the resume contains **all** of the information on this application.

PLEASE RETURN COMPLETED APPLICATION TO:
IN PERSON: BERA PARKS & REC OFFICE – 5 PIRATE PARKWAY
BY MAIL: CITY OF BERA, ATTN: HUMAN RESOURCES 212 CHESTNUT ST, BERA, KY 40403