



City of Lorain Application for Seasonal Employment

Office of Safety/Service Director
200 West Erie Ave, 7th Floor
Lorain OH, 44052

Date

All seasonal hiring for the City of Lorain shall be pursuant to Ordinance #18-24

Name		Date Available for Employment	
Date of Birth	Driver License <input type="checkbox"/> Yes <input type="checkbox"/> No	License Number	
Address			
City		State	Zip
Phone	Email Address		SSN

Education - List College then High School, Vocational or other

Years Attended	School	Course of Study

Work Experience - List previous three places of employment and duties

Dates Employed	Employer	Duties	Contact Person / Ph #

References - List three, do not list relatives

Name	Address	Phone

I authorize the City of Lorain to conduct a criminal background check, as well as any personal or professional background checks, for the purpose of consideration of this application. The City of Lorain may contact any references, past or present employers and any other individual or organization that may 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 or 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 based on race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation or any other protected class. The City of Lorain 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 race, color, national origin, religion, sex, age, veteran or marital status, disability, genetics, sexual orientation or any other protected class. For further information please refer to the City's EEO policy as contained in the employee handbook.

By signing below you acknowledge that you have read, been given the opportunity to ask questions and fully understand the above statements. Your signature also indicates that you acknowledge and consent to a criminal background check and that you shall adhere to the City of Lorain drug test policy as outlined above.

Signature	Date
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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: _____

Police Department Use Only

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.

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

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

Date conducted: _____