



CENTENNIAL | 1917 - 2017

SUMMER YOUTH INITIATIVE EMPLOYMENT OPPORTUNITIES

The City of South Euclid is hiring part-time qualified applicants for the Summer Youth Initiative Program. Applicants should be 18 years or older and able to commit to employment dates from approximately June 12, 2017 through July 22, 2017 and attend a training and program set-up sessions the week of June 5, 2017. Staff must be available Monday-Friday between 9 am and 4 pm. Salary is \$8.25/hour.

The Youth Initiative provides academic enrichment for youth grades 5-8 and a nutritious Lunch and Snack for eligible youth 18 and under through the Ohio Department of Education's Summer Food Service Program.

Applicants should have previous experience working with youth, preferably in an academic setting and/or a desire to educate and provide youth with a positive and creative learning and recreation environment. Applicants will also be trained and must perform specific activities related to the Summer Food Service Program and as required by the Cleveland Food Bank and/or Ohio Department of Education.

Interested candidates may fill out the attached Application and return to the South Euclid City Hall FINANCE DEPARTMENT or email to kbenjamin@seuclid.com.

Applications are also available in person during regular business hours at South Euclid City Hall, 1349 South Green Road, during regular business hours. Please write "Summer Youth Initiative" on the top of the application. Questions may be submitted via email to Keith Benjamin, Director of Community Services at kbenjamin@seuclid.com.

Equal Opportunity Employer

All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, disability, or protected veteran status.

APPLICATION FOR EMPLOYMENT

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability. Do not provide unrequested information; providing unrequested information will result in removal from consideration for employment.

PERSONAL INFORMATION

Last Name		First Name	Middle Initial	Telephone Number	Last Name
Present Address		No. and Street	City	State	
Permanent Address		No. and Street	City	State	
Social Security Number		Application Date			
If you are not a citizen of the United States, please indicate your authorization to be employed.		Have you ever been convicted of a felony in the last 5 years? <input type="checkbox"/> yes <input type="checkbox"/> no			If yes, explain

EDUCATION

Circle Highest Grade Completed	Name and Location of School	Dates Attended From To	Major Subject	Date of Graduation	Degree If Any	First Name
High School 1 2 3 4						
College 1 2 3 4						
Graduate or other						

PREVIOUS EMPLOYMENT

Please List Most Recent Employment First		General Information	Position	Salary	Reason for Leaving	Occupation/Position Desired
From		Company Name Address				
To		Supervisor Name Supervisor Phone # () Supervisor Title				
From		Company Name Address				
To		Supervisor Name Supervisor Phone # () Supervisor Title				
From		Company Name Address				
To		Supervisor Name Supervisor Phone # () Supervisor Title				
From		Company Name Address				

REFERENCES

PLEASE LIST 3 NON-RELATIVES WHO ARE FAMILIAR WITH YOUR WORK BACKGROUND

	NAME AND ADDRESS	TELEPHONE	RELATIONSHIP – YEARS KNOWN
1			
2			
3			

GENERAL INFORMATION

PLEASE PROVIDE ANY INFORMATION TO THE WORK/POSITION YOU ARE SEEKING THAT WILL ASSIST IN EVALUATING YOUR CREDENTIALS/EXPERIENCE. FOR EXAMPLE: ACCOMPLISHMENTS, OR KNOWLEDGE NOT LISTED UNDER PREVIOUS EMPLOYMENT.

EMPLOYMENT DESIRED	Date You Can Start	Salary Desired
Position(s) applied for	Are you currently employed?	If so, may we contact your present employer?
If you have applied to this company before, please indicate where and when.	If you have relatives employed by this company, please give names.	
If you have ever worked for this company before, please indicate when and position held.		

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous note. Any offer of employment is contingent upon successfully completing a background investigation and medical examination.

Date: _____

Signature: _____

*The Civil Rights Act of 1964 prohibits discrimination in employment because of race, color, religion, sex or national origin. Some states prohibit discrimination because of age. The Age Discrimination in Employment Act of 1967 as amended prohibits discrimination on the basis of age with respect to individuals who are at least 40 years of age. The Americans with Disabilities Act of 1990 prohibits discrimination based upon disability and requires reasonable accommodations for known disabilities.

To Be Completed With W-4 Form After Hire

SUPPLEMENTAL EMPLOYMENT DATA FOR NEWLY HIRED EMPLOYEES

Last Name	First Name	Middle Initial	Clock No. Dept.	Date of Hire
In Case of Emergency Notify:		Name	Address	Telephone Number
Date of Birth:	Age:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Other		Name of Spouse:
MILITARY RECORD				
Served in the U.S. Armed Forces: No: Yes:		Branch of Service:	Grade at Discharge:	Type of Duty Assignment:
Dates of Service: From: To:				

I agree to be responsible for Company equipment and materials in my custody; and to allow investigation of all statements on this form. I understand that my employment may be terminated at any time, at either party's option, my compensation ceasing at time of termination. I authorize deduction from my final pay of any indebtedness to the Company. I understand my employment will be subject to immediate termination if I have falsified or willfully omitted any information requested on this form.

(Date)

(Signature of Employee)

**AUTHORITY AND CONSENT TO RELEASE INFORMATION INCLUDING
CONSUMER REPORTS AND CONSUMER INVESTIGATIVE REPORTS UNDER
THE FEDERAL FAIR CREDIT REPORTING ACT**

TO WHOM IT MAY CONCERN:

I hereby authorize the bearer of this release to obtain employment records, civil litigation records and criminal conviction records. I also authorize the bearer to obtain a consumer report and/or an investigative consumer report. I understand that a consumer report will provide information from a consumer-reporting agency about my credit standing, general reputation and mode of living. I further understand that an investigative consumer report is designed to provide information about my character and includes information obtained by interviews with my friends, neighbors and associates. I understand that any of the foregoing categories of information, including consumer reports and consumer investigative reports, may be obtained by the bearer and used in hiring and other employment decisions.

I further understand that I am entitled to request that I be informed if a consumer investigative report was prepared and, if so, the name and address of its preparer. I am further entitled to request information on the scope and nature of the investigation underlying the investigative consumer report by contacting the reporting agency that prepared it.

I hereby direct you to release the above-listed information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for use only in connection with my employment with _____. I hereby release you, as custodian of such records, and your officers, employees or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated below.

I have read the foregoing release, understand it and agree to the terms and conditions therein.

Current Address: _____

Social Security #: ____ / ____ / ____

Date of Birth: _____

Telephone #: _____

Drivers License #: _____

Full Name: _____

State: _____

(Signature)

Full Name: _____

Date: _____

(Typed or Printed)

(Include maiden and any other previously used name)

A Summary of Your Rights Under the Fair Credit Reporting Act

The Federal Fair Credit Reporting Act (FCRA) is designed to promote accuracy, fairness, and privacy of information in the files of every “consumer reporting agency” (CRA). Most CRAs are credit bureaus that gather and sell information about you – such as if you pay your bills on time or filed bankruptcy – to creditors, employee, landlords, and other businesses. You can find the complete text of the FCRA, 15 U.S.C. 1681 – 1681u, at the Federal Trade Commission’s web site (<http://www.ftc.gov>). The FCRA gives you specific rights, as outlined below. You may have additional rights under state law. You may contact a state or local consumer protection agency or a state attorney general to learn those rights.

You must be told if information in your files had been used against you. Anyone who uses information from a CRA to take action against you – such as denying an application for credit, insurance, or employment – must tell you, and give you the name, address, and phone number of the CRA that provide the consumer report.

You can find out what is in your file. At your request, a CRA must give you the information in your file, and a list of everyone who has requested it recently. There is no charge for the report if a person has taken action against you because of information supplied by the CRA, if you request the report within 60 days of receiving notice of the action. You also are entitled to one free report every twelve months upon request if you certify that (1) you are unemployed and plan to seek employment within 60 days, (2) you are on welfare, or (3) your report is inaccurate due to fraud. Otherwise, a CRA may charge you up to eight dollars.

You can dispute inaccurate information with the CRA. If you tell a CRA that your file contains inaccurate information, the CRA must investigate the items (usually within 30 days) by presenting to its information source all relevant evidence you submit, unless your dispute is frivolous. The source must review your evidence and report its findings to the CRA> (The source also must advise national CRAs – to which it has provided the data – of any error.) The CRA must give you a written report of the investigation, and a copy of your report if the investigation results in any change. If the CRA’s normally include a summary of your statement in future reports. If an item is deleted or a dispute statement is filed, you may ask that anyone who has recently received your report be notified of the change.

Inaccurate information must be corrected or deleted. A CRA must remove or correct inaccurate or unverified information from its files, usually within 30 days after you dispute it. However, the CRA is not required to remove accurate data from your file unless it is outdated (as described below) or cannot be verified. If your dispute results in any change to your report, the CRA cannot reinsert into your file a disputed item unless the information source verifies its accuracy and completeness. In addition, the CRA must give you a written notice telling you it has reinserted the item. The notice must include the name, address and phone number of the information source.

You can dispute inaccurate items with the source of the information. If you tell anyone – such as a creditor who reports to a CRA – that you dispute an item, they may not then report the information to a CRA without including a notice of your dispute. In addition, once you’ve notified the source of the error in writing, it may not continue to report the information if it is, in fact, an error.

Outdated information may not be reported. In most cases, a CRA may not report negative information that is more than seven years old; ten years for bankruptcies.

Access to your file is limited. A CRA may provide information about you only to people with a need recognized by the FCRA – usually to consider an application with a creditor, insurer, employer, landlord, or other business.

Your consent is required for reports that are provided to employers, or reports that contain medical information. A CRA may not give out information about you to your employer, or prospective employer, without your written consent. A CRA may not report medical information about you to creditors, insurers, or employers without permission.

You may choose to exclude your name from CRA lists for unsolicited credit and insurance offers. Creditors and insurers may use file information as the basis for sending you unsolicited offers of credit or insurance. Such offers must include a toll-free phone number for you to call if you want your name and address removed from future lists. If you call, you must be kept off the list for two years. If you request, complete, and return the CRA form provided for this purpose, you must be taken off the list indefinitely.

You may seek damages from violators. If a CRA, a user or (in some cases) a provider of CRA data violates the FCRA, you may sue them in state or federal court.

The FCRA gives several different federal agencies authority to enforce the FCRA.