# CITY OF ASHTABULA PART-TIME TEMPORARY SEASONAL POSITION AVAILABLE Planning & Community Development, Public Works Department, Sanitation

The City of Ashtabula is seeking applications for Part-Time Temporary Seasonal Employees to work in Planning & Community Development, Public Works Department, and Sanitation.

Interested persons may apply for the Part-Time Temporary Seasonal position by filing a written application with Ohio Means Jobs located at 2247 Lake Avenue, Ashtabula, OH 44004 prior to noon on April 19, 2024. All applicants must have a valid driver's license, pass a pre-employment drug screen, and background check. A copy of the job description is available upon request of application.

The City of Ashtabula is an Equal Opportunity Employer. James Timonere Ashtabula City Manager

Publish: April 3, 2024 and April 10, 2024

Please send billing and proof of publication to: City of Ashtabula c/o Finance Director 4717 Main Avenue Ashtabula, OH 44004

# Job Description Temporary, Seasonal General Laborer

**Department:** Planning & Community Development, Parks
Public Works, Sanitation Departments

Hours: 20 – 29 hrs. per week
Monday through Friday

Immediate Supervisor of the Position: Public Services Superintendent

Planning & Community Development Director,

or, their designee.

Rate of Pay: \$15.00 per hour, no benefits, temporary job for up to 150 days

#### **General Statement of Duties:**

This position requires that the employee pick up trash, use hand tools, power tools and equipment to maintain the City streets, parks, tree lawns and any other public property under the supervision and direction of the Department, respectively.

#### **Examples of Duties and Responsibilities:**

- Landscape trimming
- Mowing grass
- Rake leaves
- Picking up trash
- Lifting and delivery of heavy materials and/or machinery to job sites
- Clean job sites and properties as directed by Supervisor (or his/her designee)
- Keeping detailed report of daily activities

#### **Knowledge of and Demonstrated Skills Required:**

- Lawn care equipment operation
- Reading written orders and writing or completing reports
- Operate vehicle towing a trailer
- Clean job sites and properties as directed by Supervisor (or his/her designee)

#### **Physical Requirements of Person Filling this Position:**

- Must be able to climb high ladders
- Must be able to work in confined areas
- Must be able to lift heavy objects over his/her head
- Must be able to operate all common hand and power tools
- Must be able to operate lawn equipment such as but not limited to weed trimmers, edgers, hedge clippers and both riding and push lawn mowers
- Must be able rake leaves
- Must be able to walk through rough terrain
- Must have good sight and hearing

### **Minimum Qualifications:**

- Must be able to demonstrate safe, proficient operation of equipment used for the job
- Must have high school diploma or equivalent
- Must have valid Ohio Drivers License



# **City of Ashtabula** 4717 Main Avenue Ashtabula, Ohio 44004

DO YOU HAVE A HIGH SCHOOL DIPLOMA OR G.E.D.? YES \_\_\_\_\_\_ NO \_\_\_

# APPLICATION FOR EMPLOYMENT

(PLEASE PRINT CLEARLY IN INK)

The City of Ashtabula is an equal opportunity employer and affords equal opportunity to all applicants for all positions without regard to race, color, religion, national origin, age, disability, veteran status or any other status protected under local, state or federal laws.

NAME (Last)	(First)		(Middle)	Date	
ADDRESS	CITY		STA	TE	ZIP CODE
SOCIAL SECURITY NUI	MBER TELEPHONE N	UMBER	EMAIL ADD	PRESS	
POSITION APPLIED FOR					
	IBLE TO WORK IN THE UNITED ST quired upon offer of employment.)	ATES? YES	NO		
ARE YOU OVER THE AGE	OF 18 YEARS? YES	NO	(If no, you may be require	red to provide authorizati	on.)
	OUT REASONABLE ACCOMODATE of the job, please ask the interviewer be				
HAVE YOU EVER WORKE	ED FOR THE <b>CITY OF ASHTABULA</b>	? YES	NO		
IF YES, WHEN? FROM	TO	WHERE	?		
CLASSIFICATION :					
	VE A VALID COMMERCIAL DRIVE EXPIRES		L)? YESNO		
	CTED OF ANY MOVING VIOLATION:			NO	
	O YOU EMPLOYED WITH THE CITY EIR NAME AND RELATIONSHIP TO			NO	
WHAT SALARY OR RATE	OF PAY DO YOU EXPECT TO RECE	EIVE IF EMPLOYE	ED? \$	PER	
ON WHAT DATE WOULD	YOU BE AVAILABLE TO BEGIN W	ORK?			
HOW DID YOU HEAR ABO	OUT US?				
	,	EDUCATION			
SCHOOLS	NAME AND LOCATION	# YEARS	COURSE OF STUDY	DIPLOMA OR	AVERAGE
ELEMENTARY		COMPLETED	OR MAJOR	DEGREE	GRADES
JR. HIGH SCHOOL					
HIGH SCHOOL					
COLLEGE					
VOCATIONAL SCHOOL					
GRADUATE SCHOOL					
	<u> </u>	<del> </del>	+		

Month/year Month/year   REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE START'S START	PLEASE LIST ANY ACADEM national origin, age, disabilities of		RSHIPS, (	OFFICES HELD, ETC. (Do not list any	which reflect your race,	, color, religion, gender,
EMPLOYMENT HISTORY  HOW MANY EMPLOYERS HAVE YOU HAD INCLUDING YOUR CURRENT EMPLOYMENT?  HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES	DESCRIBE ANY SPECIALIZE	D TRAINING, APPREN	TICESHI	PS, LICENSES OR SKILLS		
HOW MANY EMPLOYERS HAVE YOU HAD INCLUDING YOUR CURRENT EMPLOYMENT?  HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES						
HAVE YOU EVER BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES			EMPL	OYMENT HISTORY		
EMPLOYMENT HISTORY (Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at the City of Ashtabula.)  1. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: SYNTES: OND S.  COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  2. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE STARTS: OND S.  COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE STARTS: OND S.  Monthlyear Monthlyear STARTS: OND S.  DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE STARTS: OND S.  MONTH OF DUTIES: SUPERVISOR'S NAME AND TITLE STARTS: OND S.  DESCRIPTION OF DUTIES:  DESCRIPTION OF DUTIES:  DESCRIPTION OF DUTIES:  PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.  REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME: ADDRESS PHONE NUMBER YEARS KNOWN  1. JOHN TITLE: ADDRESS PHONE NUMBER YEARS KNOWN	HOW MANY EMPLOYERS HA	AVE YOU HAD INCLU	DING YO	OUR CURRENT EMPLOYMENT?		
EMPLOYMENT HISTORY (Begin with current or most recent employer. Do not exclude any employment. Include any applicable temporary employment. Attach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at the City of Ashtabula.)  1. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  2. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  4. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  5. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  5. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  5. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES:  5. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S DOOR DESCRIPTION OF DUTIES: SALARY: START'S DOOR DESCRIPTION DESCRIP	HAVE YOU EVER BEEN FIRE	ED OR ASKED TO RES	IGN FRO	M A JOB? YES NO		
Altach another sheet if necessary. Previous salaries or wages will not be used to determine compensation at the City of Ashiabula.)  1. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S START	IF YES, PLEASE EXPLAIN					
1. FROM: TO: Month/year Month/yea						
COMPANY NAME ADDRESS AND PHONE:  REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  2. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE STARTS ENDS.  COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE STARTS STARTS ENDS.  COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  DESCRIPTION OF DUTIES:  PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.  REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME ADDRESS PHONE NUMBER YEARS KNOWN  1. 2.	·					SALARY:
DESCRIPTION OF DUTIES:  2. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE STARTS STA	Ţ			REASON FOR LEAVING:		END \$
2. FROM: TO: Month/year Month/year Month/year COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: START'S	COMPANY TANKE ADDRES	LSS / H\D I HOI\E.		REASON FOR ELETYTING.		
Month/year Month/year COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY: STARTS ENDS  COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.  REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME ADDRESS PHONE NUMBER YEARS KNOWN  1. 2. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	DESCRIPTION OF DUTIES	S:				
DESCRIPTION OF DUTIES:  3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE STARTS Month/year Month/year Month/year REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.  REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME ADDRESS PHONE NUMBER YEARS KNOWN  1. 2.				SUPERVISOR'S NAME AND TITL	Æ	START \$
3. FROM: TO: JOB TITLE: SUPERVISOR'S NAME AND TITLE SALARY:  START S	COMPANY NAME ADDR	ESS AND PHONE:		REASON FOR LEAVING:	•	
Month/year Month/year COMPANY NAME ADDRESS AND PHONE: REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.  REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME ADDRESS PHONE NUMBER YEARS KNOWN  1.  2.	DESCRIPTION OF DUTIES	S:				
COMPANY NAME ADDRESS AND PHONE:  REASON FOR LEAVING:  DESCRIPTION OF DUTIES:  PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.  REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME  ADDRESS  PHONE NUMBER  YEARS KNOWN  1.  2.	3. FROM: TO:	JOB TITLE:		SUPERVISOR'S NAME AND TITLE SA		
DESCRIPTION OF DUTIES:  PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.  REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME ADDRESS PHONE NUMBER YEARS KNOWN  1. 2.						
PLEASE PROVIDE ANY OTHER INFORMATION YOU FEEL WILL HELP US IN CONSIDERING YOUR APPLICATION FOR EMPLOYMENT.  REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME ADDRESS PHONE NUMBER YEARS KNOWN  1.  2.						
REFERENCES (Please list three persons, who are not related to you or previous supervisors, who can provide professional references.)  NAME ADDRESS PHONE NUMBER YEARS KNOWN  1. 2.	DESCRIPTION OF DUTIE	S:				
NAME ADDRESS PHONE NUMBER YEARS KNOWN  1. 2.	PLEASE PROVIDE ANY OTHI	ER INFORMATION YO	OU FEEL V	WILL HELP US IN CONSIDERING Y	OUR APPLICATION F	FOR EMPLOYMENT.
1.       2.	REFERENCES (Please lis	st three persons, who are	not related	d to you or previous supervisors, who ca	ın provide professional ı	references.)
1.       2.	NAME		ADDRI	ESS	PHONE NUMBER	YEARS KNOWN
	1.					
3.	2.					
	3.					

#### \*PLEASE READ CAREFULLY BEFORE SIGNING\*

Signature

I hereby certify that all of the information provided by me in this application (or any other accompanying or required documents) is correct, accurate and complete to the best of my knowledge. I understand that the falsification, misrepresentation or omission of any facts in said documents will be cause for denial of employment or immediate termination of employment regardless of the timing or circumstances of discovery.

I understand that submission of an application does not guarantee employment. I further understand that, should an offer of employment be extended by the City of Ashtabula that such employment with the City of Ashtabula is at will, for no specified duration and may be terminated by either the City of Ashtabula or myself at any time, with or without cause or notice unless otherwise directed by a current bargaining agreement recognized by the City of Ashtabula. I understand that none of the documents, policies, procedures, actions, statements of the City of Ashtabula or its representatives used during the hiring process is deemed a contract of employment real or implied. I understand that no representative of the City of Ashtabula except the Ashtabula City Manager, the Ashtabula Municipal Court Judge, the Ashtabula City Solicitor, or City Council has the authority to enter into any agreement guaranteeing any conditions of employment or any agreement contrary to the foregoing statements and that any such agreements must be made in writing and signed by the authoritative elected official(s).

In consideration for employment with the City of Ashtabula, if employed, I agree to conform to the rules, regulations, policies and procedures of the City of Ashtabula at all times and understand that such obedience is a condition of employment. I understand that due to the nature of the business conducted by the City of Ashtabula, attendance and punctuality are considered essential requirements of every job at the City of Ashtabula and that poor attendance or tardiness will result in disciplinary action.

I understand that if offered a position with the City of Ashtabula, I may be required to submit to a pre-employment medical examination, drug screening and background check as a condition of employment. There is potential for disqualification if an unsatisfactory result is obtained from the testing. Refusal to cooperate or attempt to affect the results of these pre-employment tests will result in withdrawal of any employment offer or termination of employment if already employed.

I hereby authorize any and all schools, former employers, references, courts and any others who have information about me to provide such information to the City of Ashtabula and/or any of its representatives, agents or vendors and I release all parties involved from any and all liability for any and all damage that may result from providing such information.

I understand that this application is considered current for six months. If I wish to be considered for employment after this period I must fill out and submit a new application.

I understand that the information provided on this application for employment may be subject to public record in accordance with Ohio Sunshine Laws.

BY SIGNING BELOW I ACKNOWLEDGE THAT I HAVE READ. UNDERSTAND AND AGREE TO THE ABOVE STATEMENTS.

THE CITY OF ASHTAUBLA IS AN EQUAL OPPORTUNITY EMPLOYER. ALL QUALIFIED APPLICANTS WILL RECEIVE CONSIDERATION WITHOUT REGARD TO RACE, COLOR, RELIGION, GENDER, NATIONAL ORIGIN, AGE, DISABILITY, VETERAN STATUS OR ANY OTHER STATUS PROTECTED BY LAW.

Date

The City of Ashtabula is a Drug and Tobacco Free Workplace