

Application for Employment – Clark County Park District

Qualified applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap.

(PLEASE PRINT)

Date of Application _____

Position applied for _____ Full time Part time Temporary/Seasonal

Referral Source: _____Advertisement _____Friend / Relative _____Website/ Facebook _____Other_____

Name _____
Last First MI

Address _____
Number/Street City State Zip Code

Hm Phone _____ Cell _____ E-mail _____

Date Available _____ How did you hear about this position? _____

Are you legally eligible for employment in this country? _____ Yes _____ No

List names of friends/ relatives who presently work at the CCPD _____

Have you ever been employed here before? _____ Yes _____ No If yes, list dates _____

Are you restricted on the hours and days you are available for work? _____ Yes _____ No If yes, explain restrictions:

Do you have reliable transportation to work? _____ Yes _____ No If no, explain: _____

Do you have a valid Ohio Driver’s license? _____ Yes _____ No Are you currently over 18? _____ Yes _____ No

Have you ever been convicted of a traffic violation or ever received a traffic ticket or citation? _____ Yes _____ No

If yes, please list all at fault traffic violations: _____

EDUCATION:

	High School	Technical College	College/University	Other
School Name				
Did you graduate? Year of graduation				
Describe course of study				

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LICENSES & CERTIFICATIONS:

TYPE	Issuing State or Agency	Number	Expiration Date
Drivers ___ Commercial ___			
Professional (eg. Teacher, CPRP)			
Technical (EMT, peace officer, commercial spraying)			
Other:			

Please summarize any job related skills and qualifications acquired from employment or other experience:

Employment History

Please give accurate and complete information (full and part-time) Start with most recent and work back to your first job.

Employer Name _____ Address _____ Name of supervisor _____ State Job title/describe work _____ _____	Company Telephone: _____ Employment Dates _____ Start pay _____ End pay _____ Reason for leaving _____ _____
Employer Name _____ Address _____ Name of supervisor _____ State Job title/describe work _____ _____	Company Telephone: _____ Employment Dates _____ Start pay _____ End pay _____ Reason for leaving _____ _____
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If you need additional space, please continue on a separate sheet of paper.

May we contact the employers listed? ___ Yes ___ No If no, list the name and reason.

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Applicant's Statement/Release

I certify that the answers I have made to all of the questions in this application are true and complete to the best of my knowledge. I understand that if this application is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this application. I also understand that a background check may be required prior to and after employment.

In accordance with the Drug and Alcohol Free Workplace policy, drug testing may be required. I understand that any offer of employment which may be made to me by the Clark County Park District (Park District) is contingent upon my successfully passing a Drug Screening Test. I hereby give my consent to the Employer to conduct a drug test that will be performed by a laboratory selected by the Park District, and which will provide for split sample testing. I also understand and agree that if the pre-employment Drug Screening Test indicates a violation of the Drug and Alcohol Free Workplace Policy, any contingent job offer which may be or has been made to me will be null and void. I further agree that in the event that the pre-employment Drug Screening Test indicates a violation of the Drug and Alcohol Free Workplace Policy, I will have an opportunity to challenge this violation before the Park District by submitting a written request to the Park District to review the record. I may submit additional written information that I believe to be appropriate to the Park District for consideration. Additionally, I may, at my cost, have the split sample referenced above tested to ensure the accuracy of the testing procedure. I understand that the decision of the Park District shall be final.

In addition to drug testing prior to employment, in accordance with the Drug and Alcohol Free Workplace policy, the Park District reserves the right to perform and I waive any right to object to, mandatory urinalysis to detect alcohol abuse, illegal drug abuse, or substance abuse, if I become employed by the Park District.

I understand that any offer of employment is conditional upon proof of legal authorization to work in the United States as required by the Immigration Reform and Control Act.

I further understand and acknowledge the Park District reserves the right to require me to submit to any requested medical and/or psychological examination(s) after a job offer has been made and prior to my first day of employment. Where required, such examination(s) will be performed by a licensed physician or medical practitioner of the Park District's choosing. If I fail any of the required pre-employment tests relating to drug, alcohol, or substance abuse, or am otherwise found to be physically incapable of performing the job for which I am applying, the application procedure will be terminated, and I will NOT be employed.

By signing this document I submit to the aforementioned tests and procedures, if required. After an offer has been made, I permit the Park District to conduct a background investigation concerning matters related to my application for employment. The Park District has the right to investigate any criminal conviction(s) on my record and I have the opportunity to explain the circumstances surrounding the criminal conviction(s) to the Park District. As a result of this background investigation I understand that the Park District will be seeking information from prior employers and other individuals that I may not have disclosed. By signing this release, I hereby give my consent to all prior employers and educational institutions to provide necessary information to the Park District. I hereby release, hold harmless, and agree not to sue or file any claim of any kind against the Park District, any current or former employer, educational institution, any officer or employee of either, that in good faith furnishes written or oral references as requested by the Park District to complete its investigation. If I refuse to consent to any required screenings or background checks, the Park District shall not accept or further process my application for employment. I further acknowledge that this document is a public document and subject to the Ohio Public Records Act.

I understand that I am applying for employment at will, and nothing in this application and no oral statements made to me in connection with this application can be construed as a contract of employment.

Print full name (legibly) _____
Last First Middle Former Name(s)

Signature of Applicant

Date