



APPLICATION FOR EMPLOYMENT WITH SANDUSKY COUNTY PARK DISTRICT

FOR OFFICIAL USE ONLY

INSTRUCTIONS: Please fill out this employment application form completely and accurately.
Print or type in a legible manner. Failure to fully complete certain portions of this form may result in disqualification.

LAST NAME _____ FIRST NAME _____ MIDDLE INITIAL _____

STREET ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ COUNTY _____

E-MAIL _____ CELL PHONE # _____

HOME PHONE # _____ SOCIAL SECURITY NUMBER _____

**APPLICATIONS ARE FILED ACCORDING TO SPECIFIC JOB OPPORTUNITIES POSTED.
SANDUSKY COUNTY PARK DISTRICT DOES NOT ACCEPT OR MAINTAIN ON FILE UNSOLICITED APPLICATIONS.**

Date of Application: _____

Specify the name of the advertised position(s) you are applying for:

How did you find out about this position? (please check one or more)

Posting on Sandusky County Park District Website
 Internet (name of site) _____
 Other (please list) _____
 Referred By: _____

Please check shift preference: Days Afternoons No Preference

- **What is your minimum salary requirement?** _____
- **What is the earliest date you will be able to accept employment / volunteer?** _____
- **Do you meet the minimum qualifications and can you perform the job duties related to the specific job for which you are applying?** Yes No
- **Do you have any commitments to anyone, which might affect immediate employment with this organization?** Yes No

If yes, explain: _____

- 1. Are you under 18 years of age? Yes No
 If yes, can you obtain a work permit? Yes No
- 2. Have you ever filed an application for employment with Sandusky County Park District? Yes No
 If yes, were you ever interviewed for employment? Yes No
- 3. Have you ever been employed by the State of Ohio or any of its political subdivisions such as Cities, Villages, Townships, Counties, Fire Districts etc.? Yes No
- 4. Have you ever been employed by this organization? Yes No
- 5. Do you have a relative who is presently employed by Sandusky County Park District? Yes No

If you answered yes to questions 3, 4, and/or 5, please explain:

High School Attended _____
Address _____
Did you graduate? Yes No Currently Enrolled High school equivalent? Yes No

College or trade school attended _____
Address _____
Dates of Attendance _____ to _____
Did you graduate? Yes No Degree _____

Graduate school attended _____
Address _____
Dates of Attendance _____ to _____
Did you graduate? Yes No Degree _____

Please describe any coursework or technical training you have received which will better enable you to perform the job for which you are applying. Include any licenses or certification you have obtained that will relate to your work.

If you have received any other training, not mentioned above, please describe. Include any equipment or instruments you can operate, any foreign language skills, or any other skills you possess which better indicate your ability to perform the job for which you are applying.

EMPLOYMENT HISTORY

Note: A resume may not be used as a substitute for completing this area.

Please describe your employment history (including military service). Begin with your most recent or present employer.

No Previous Employment History

Present or most recent job:

1. Company or Employer's Name: _____ Address: _____
 City/State/Zip code: _____ Phone: _____
 Supervisor or Personnel Director's Name: _____
 Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____
 Describe your reason for leaving: _____
 Job Title or Position: _____
 Describe your duties and responsibilities, equipment operated, instruments used, etc.

2. Company or Employer's Name: _____ Address: _____
 City/State/Zip code: _____ Phone: _____
 Supervisor or Personnel Director's Name: _____
 Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____
 Describe your reason for leaving: _____
 Job Title or Position: _____
 Describe your duties and responsibilities, equipment operated, instruments used, etc.

3. Company or Employer's Name: _____ Address: _____
 City/State/Zip code: _____ Phone: _____
 Supervisor or Personnel Director's Name: _____
 Dates Employed: Start: _____ End: _____ Salary / Rate of Pay: _____
 Describe your reason for leaving: _____
 Job Title or Position: _____
 Describe your duties and responsibilities, equipment operated, instruments used, etc.

TO BE COMPLETED BY APPLICANT

I do hereby give permission to the Sandusky County Park District to seek information concerning any employment experience. I have been employed by the employers listed on my job application and give the following permission to release any job related information requested by Sandusky County Park District in order to determine whether I am suited for employment by them.

No Previous Employment History

EMPLOYERS AUTHORIZED TO RELEASE INFORMATION

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

I understand the Sandusky County Park District will verify information obtained from my job application, resume, and other related documents. It is my understanding that Sandusky County Park District may make a thorough investigation of my entire employment history and I release from liability any person giving or receiving any such lawful information.

I have read and understand the authorization granted above and agree to the same as a condition of my prospective employment.

Applicant's Signature: _____

Date: _____

Note: Former employer will be receiving a copy of the signed authorization, if requested. The original authorization will be retained in the applicant's records for future use.

Position: _____ Name: _____

APPLICANT BACKGROUND INVESTIGATION

Certain positions with Sandusky County Park District require that an individual’s past history be investigated to determine whether the person can qualify for consideration for appointment. Therefore, prior to appointment to these positions with the Sandusky County Park District, individuals selected for hire will undergo a background check with a local law-enforcement agency. Failure to complete this waiver will result in disqualification for employment with Sandusky County Park District.

In order to process your application, or during the course of your employment, a consumer report may be obtained on you for employment purposes. It may be an investigative consumer report that includes information regarding your character, general reputation, personal characteristics, and mode of living. Such report may also be necessary in relation to any investigation regarding allegations of sexual harassment, discrimination, or disciplinary charges associated with your employment. The employer may utilize an outside organization to obtain a consumer report and/or to conduct investigations. If an investigative consumer report is obtained, you have a right to request disclosure of the nature and scope of the report, which involves personal interviews with sources such as your neighbors, friends, or associates.

I hereby authorize the Sandusky County Park District and/or authorized representative to obtain a consumer report on me for employment purposes and to conduct investigations as outlined above.

I authorize release of any police record information in my name, to the Sandusky County Park District and/or authorized representative.

Name: _____
(Please print) Last Middle First

List any other NAMES you have used during the previous five (5) years:

Please Print

List any COUNTIES AND STATES in which you have lived and/or worked during the previous five (5) years:

Please Print

Social Security Number: _____

Signature: _____

REPORT

OFFICIAL: _____

DATE: _____

REQUEST FOR MOTOR VEHICLE RECORD CHECK

In accordance with the provisions of Section 604 and Section 607 of the Fair Credit Reporting Act, Public Law 91-508, I hereby certify that the information requested below will be used for a “permissible purpose” as defined in the Act, and that the information received will be used for no other purpose.

I further certify that if the applicant named below is denied employment based upon the information received, I will identify the source of the report in accordance with Section 615 (a) of the Fair Credit Reporting Act.

REQUESTED BY: Sandusky County Park District



To Whom It May Concern:

The following has made an application with Sandusky County Park District. In accordance with Section 391.23 of the Federal Department of Transportation Regulations, please furnish the above signed with the applicants driving record for the last three (3) years.

Do Not Have Driver’s License

Name of Applicant: _____

Address: _____

City/State/Zip: _____

Social Security Number: _____

Driver’s License Number: _____

State License Issued In: _____

Signature of Applicant: _____

I GRANT PERMISSION TO SANDUSKY COUNTY PARK DISTRICT TO RECEIVE INFORMATION REGARDING MY DRIVING RECORD.

Position: _____

Name: _____

REFERENCES:

Please list the name and address of three individuals, other than relatives, whom we may contact for a professional reference:

- 1. Name _____ Address _____
 City/State _____ Telephone _____
- 2. Name _____ Address _____
 City/State _____ Telephone _____
- 3. Name _____ Address _____
 City/State _____ Telephone _____

SANDUSKY COUNTY PARK DISTRICT is an equal opportunity employer and selects the best matched individual for any job based upon job related qualifications, regardless of race, color, religion, sex, pregnancy, national origin, ancestry, age, veteran or military status, genetic information, disability or other protected groups under state, federal or local Equal Opportunity Laws.

- 1. I understand and accept that if any information provided in this application (and attached resume, if any) is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if the employer employs me, I may be subject to disciplinary action, including termination, if any information required by this application has been falsified or intentionally excluded.
 Initials: _____
- 2. I understand and accept that Sandusky County Park District will make a thorough investigation of my entire work history and may verify all data given on my application for employment, related papers, or oral interviews. I authorize such investigation and the giving and receiving of any information requested by Sandusky County Park District and I release from liability any person giving or receiving any such lawful information. I understand the falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my being hired.
 Initials: _____
- 3. I understand and accept if offered a position, I agree to authorize my physician or hospital to release any information which may be necessary to determine my ability to perform the essential functions of a job for which I am being considered, prior to employment or in the future during my employment with Sandusky County Park District.
 Initials: _____
- 4. I understand and accept, although management makes every effort to accommodate individual preferences, business needs may at times make the following conditions mandatory; overtime, shift work, a rotating work schedule, or work schedule other than Monday through Friday. I understand and accept these as conditions of my continuing employment.
 Initials: _____
- 5. I hereby authorize the employers, schools, and personal references named in this application to provide information regarding me to the employer. I further authorize the release of personnel, academic, and other records to the employer.
 Initials: _____

I acknowledge this is an application for employment and that no employment contract is being offered. I have read and understand the above.

SIGNATURE: _____ DATE: _____

****READ CAREFULLY BEFORE SIGNING****

I SOLEMNLY SWEAR THAT ALL OF THE INFORMATION FURNISHED IN THIS EMPLOYMENT APPLICATION IS TRUE, ACCURATE, AND COMPLETE TO THE BEST OF MY KNOWLEDGE. I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY MISREPRESENTATION OR FALSIFICATION OF THE INFORMATION PROVIDED MAY LEAD TO WITHDRAWAL OF AN EMPLOYMENT OFFER OR TERMINATION FOLLOWING EMPLOYMENT. I RECOGNIZE THAT MY FUTURE EMPLOYMENT WITH THE EMPLOYER WILL BE JEOPARDIZED IF I ENGAGE IN SUBSTANCE ABUSE, ILLEGAL DRUG USE, OR ALCOHOL ABUSE.

I AGREE THAT ANY CLAIM OR LAWSUIT RELATING TO MY SERVICE WITH SANDUSKY COUNTY PARK DISTRICT MUST BE FILED NO MORE THAN SIX (6) MONTHS AFTER THE DATE OF THE EMPLOYMENT ACTION THAT IS THE SUBJECT OF THE CLAIM OR LAWSUIT. I WAIVE ANY STATUTE OF LIMITATION TO THE CONTRARY.

APPLICANT'S SIGNATURE: _____ DATE: _____

SANDUSKY COUNTY PARK DISTRICT

Equal Employment Opportunity (EEO) Information

PAGE 1 OF 1

PLEASE COMPLETE AND SUBMIT THIS FORM WITH YOUR APPLICATION FORM. COMPLETION OF ANY OF THE INFORMATION ON THIS FORM IS **OPTIONAL**.

The information requested on this form is voluntary and will be used solely and exclusively for the purpose of EEO compliance and reporting information concerning applicants and appointees to State and Federal Civil Rights Agencies in conformance with national and state laws, rules and guidelines. SANDUSKY COUNTY PARK DISTRICT is required to keep this form separate from all applications upon completion.

Classification/job for which you are applying: _____

Name: _____ Social Security Number: _____

Birth Date: _____ Male Female

CHECK ONE:

- A. White Persons having origin in any of the original people of Europe, North Africa, or the Middle East.
- B. Black People having origin in any of the Black racial groups.
- C. Hispanic Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, regardless of race.
- D. American Indian or Alaskan Persons having origin in any of the original peoples of North American and who maintain cultural identification through tribal affiliation or community recognition.
- E. Asian/Pacific Islander Persons having origin in any of the original peoples of the Far East, South East Asia, Indian Subcontinent or Pacific Island.
- F. Handicap Individual with physical condition that limits his/her ability to attain employment.
- G. Veteran Honorable service with one of the armed services.

Signed: _____

Date: _____

Note: The form and content of this form were derived in compliance with Ohio Civil Rights Commission R 4112-5-04 which permits employers to gather and compile the information contained above.

Position: _____ Name: _____