

Application For Employment

Anderson Township Park District

8249 Clough Pike
Cincinnati, OH 45244
513.474.0003

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

Please Print

Position(s) applied for _____		Date of application ____ / ____ / ____	
Referral Source	<input type="checkbox"/> Advertisement	<input type="checkbox"/> Employee	<input type="checkbox"/> Relative <input type="checkbox"/> Walk-in
	<input type="checkbox"/> Government Employment Agency	<input type="checkbox"/> Private Employment Agency	
	<input type="checkbox"/> Other _____		
Name of Source (if applicable) _____			
Name _____			
	Last	First	Middle
Address _____			
	Street	City	State Zip Code
Telephone # (____) _____ - _____		Cell / Pager / Other Phone # (____) _____ - _____	
Email Address _____			

If necessary, the best time to call you at home is _____ am / pm

May we contact you at work? Yes No

If yes, work number and best time to call (____) _____ - _____ am / pm

If you are under 18 and it is required, can you furnish a work permit? Yes No

If no, please explain _____

Have you submitted an application here before? Yes No

If yes, give date(s) and position(s) _____

Have you ever been employed here before? Yes No

If yes, give dates From ____ / ____ / ____ To ____ / ____ / ____

Do you know or are acquainted with any Anderson Park District employee or Board member? Yes No

If yes, please describe this relationship _____

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

Date available for work ____ / ____ / ____ What is your desired salary range \$ _____

Type of employment desired Full-Time Part-Time Temporary Seasonal Ed. Co-op

Will you relocate if job requires? Yes No

Will you travel if job requires? Yes No

Are you able to meet the attendance requirements of this position? Yes No

Will you work overtime if required? Yes No

If no, please explain _____

Have you ever been bonded? _____ Yes _____ No

Have you ever plead "guilty" or "no contest" to, or been convicted of a crime? _____ Yes _____ No

If yes, please provide dates and details _____

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense, seriousness and nature of violation, rehabilitation, and position applied for will be taken into account.

Driver's license number if driving is essential to job function _____ State _____

Employment History

Provide the following information of you past and current employers, assignments, or volunteer activities, starting with the most recent. Use additional sheets if necessary. Explain gaps in employment in comment section on other page.

_____(____)_____
Employer Telephone #

Address

_____/_____
Starting Job Title Final Job Title

Immediate Supervisor Title

Reason For Leaving

May we contact for reference? _____ Yes _____ No

Dates Employed	
From	To
Hourly rate/Salary Starting	
\$	Per
Hourly rate/Salary Final	
\$	Per

Summarize type of work & responsibilities:

_____(____)_____
Employer Telephone #

Address

_____/_____
Starting Job Title Final Job Title

Immediate Supervisor Title

Reason For Leaving

May we contact for reference? _____ Yes _____ No

Dates Employed	
From	To
Hourly rate/Salary Starting	
\$	Per
Hourly rate/Salary Final	
\$	Per

Summarize type of work & responsibilities:

_____(____)_____-_____
 Employer Telephone #

 Address

_____/_____
 Starting Job Title Final Job Title

 Immediate Supervisor Title

 Reason For Leaving

May we contact for reference? ____Yes ____No

Dates Employed	
From	To
Hourly rate/Salary Starting	
\$	Per
Hourly rate/Salary Final	
\$	Per

Summarize type of work & responsibilities:

_____(____)_____-_____
 Employer Telephone #

 Address

_____/_____
 Starting Job Title Final Job Title

 Immediate Supervisor Title

 Reason For Leaving

May we contact for reference? ____Yes ____No

Dates Employed	
From	To
Hourly rate/Salary Starting	
\$	Per
Hourly rate/Salary Final	
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Summarize type of work & responsibilities:

_____(____)_____-_____
 Employer Telephone #

 Address

_____/_____
 Starting Job Title Final Job Title

 Immediate Supervisor Title

 Reason For Leaving

May we contact for reference? ____Yes ____No

Dates Employed	
From	To
Hourly rate/Salary Starting	
\$	Per
Hourly rate/Salary Final	
\$	Per

Summarize type of work & responsibilities:

Comments (include explanation of any gaps in employment _____)



Hamilton County Sheriff's Office

**Anderson Township Park District # 3231
Applicant/Employee Background Consent/Release Form**

Background checks are a requirement for employment at the ATPD.

Applicant's Legal Name (printed) _____

Social Security Number _____ Date of Birth _____

Driver's License Number _____ Phone Number _____

Applicant's Address _____ City _____ State _____ Zip _____

I, _____, authorize and give consent for the ATPD to obtain information regarding myself. This includes the following:

- Criminal Background Records/Information
- Sex Offender Registry Checks
- Addresses
- Social Security Verification
- Traffic Violations/Offenses
- Driving Records

LIST ALL CONVICTIONS Including Traffic Violations			
Year	Offense	Year	Offense
Previous Residences			
Address	City	State	

I, the undersigned, understand background checks are a requirement for employment at the ATPD, and authorize this information to be obtained by methods deemed appropriate by the Anderson Township Park District (ATPD), including, but not limited to: Ohio Bureau of Motor Vehicles, the Hamilton County Sheriff's Office, and/or Southeastern Security Consultants, Inc. The ATPD reserves the right to obtain such information throughout an individual's employment with the ATPD. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the ATPD's guidelines.

Print Name: _____ Date: _____

Signature: _____

Skills and Qualifications

Summarize any special training, skills, and/or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

Educational Background

A. List the last three (3) schools attended starting with the most recent. B. List the number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major or field of study (if applicable).

A. School	B. # of years completed	C. Degree Diploma	D. GPA Class Rank	E. Major	F. Minor

References

List name and telephone number of three business / work references who are not related to you and are not previous supervisors. If not applicable, list three school or personal references who are not related to you.

Name	Telephone Number	# of Years Known
	()	
	()	
	()	

Additional Information

List professional, trade, business or civic associations and any offices held. Exclude memberships that would reveal race, color, religion, origin, citizenship, age, mental or physical disabilities, veteran/reserve national guard or any other similarly protected status.

Organization	Offices Held

List special accomplishments, publications, awards, etc. Exclude memberships which would reveal race, color, religion, origin, citizenship, age, mental or physical disabilities, veteran/reserve, national guard or any other similarly protected status.

List any additional information you wish to be considered.

Applicant Statement

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and accurate.

I understand any information provided by me which is found to be false, incomplete, or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its Board, representatives, employees, or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities, and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume, job interview, and/or background check. I hereby waive any and all rights and claims I may have regarding the employer, its Board, agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

If I do not receive further communication from the employer and still wish to be considered for employment, it may be necessary to reapply and fill out a new application.

If I am hired, I understand I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment or for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied or written agreements contrary to the foregoing express language unless they are in writing and signed by the employer's executive director.

I also understand if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and federal immigration laws require me to complete an I-9 form and provide lawful requested documents in this regard.

Do not sign until you have read the above Applicant Statement.

I certify that I have read, fully understand, and accept all terms of the foregoing Application Statement.

Signature of Applicant: _____ **Date:** __/__/____

Affirmative Action Voluntary Information

Completion of information on this page is voluntary

We consider all applicants for positions without regard to race, color, religion, sex, national origin, citizenship, age, mental or physical disabilities, veteran/reserve/national guard or any other similarly protected status. We also comply with all applicable laws governing employment practices and do not discriminate on the basis of any unlawful criteria.

To be completed by applicant on a voluntary basis. Not for interview purposes. To be filed separately from application.

In an effort to comply with requirements regarding government record keeping, reporting and other legal obligations which may apply, we invite you to complete this applicant data survey. Providing this information is **strictly voluntary**. Failure to provide it will not subject you to any adverse personnel decision or action. Your cooperation is appreciated.

Please be advised that this survey is not a part of your official application for employment. It will not be used in any hiring decision. The information will be used and kept confidential in accordance with applicable laws and regulations.

Please Print

Position(s) applied for _____		Date of application ____/____/____	
Referral Source <input type="checkbox"/> Advertisement		<input type="checkbox"/> Employee	
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<input type="checkbox"/> Other _____		<input type="checkbox"/> Walk-in	
<input type="checkbox"/> Private Employment Agency		Name of Source (if applicable) _____	
Applicant Information			
Name _____			
Last	First	Middle	
Address _____			
Street	City	State	Zip Code
Telephone # (____) _____ - _____		<input type="checkbox"/> Male	<input type="checkbox"/> Female

Please check the following Equal Employment Opportunity Identification Groups:

- | | |
|---|--|
| <input type="checkbox"/> White (not of Hispanic origin) | <input type="checkbox"/> Black (not of Hispanic origin) |
| <input type="checkbox"/> Hispanic | <input type="checkbox"/> American Indian / Alaskan Native |
| <input type="checkbox"/> Asian / Pacific Islander | <input type="checkbox"/> Multiracial (having parents of different races) |
- This identification group recognized only in the state of Michigan.

For Administrative Use Only

Position(s) applied for available not available

Other positions considered for _____

Hired yes no

Position hired for _____ Date ____/____/____

From the EEO job classifications listed below, which one best describes the position filled?

<input type="checkbox"/> Officials and Managers	<input type="checkbox"/> Sales Workers	<input type="checkbox"/> Operatives (semi-skilled)
<input type="checkbox"/> Professionals	<input type="checkbox"/> Office and Clerical Workers	<input type="checkbox"/> Laborers (unskilled)
<input type="checkbox"/> Technicians	<input type="checkbox"/> Craft Workers (skilled)	<input type="checkbox"/> Service Workers

Notes _____

Completed By _____ Date ____/____/____