

Employment Application

Johnny Appleseed Metropolitan Park District



2355 Ada Road
 Lima, OH 45801 Phone: 419-221-1232 Fax: 419-225-5593 www.jampd.com

PERSONAL INFORMATION (Please print plainly)

Position(s) Applied For _____ Date of Application _____ SSN _____
(optional)

Name _____
Last First Middle

Present Address _____
Street City State Zip

Primary Phone #: _____ Secondary Phone #: _____ E-mail: _____

Permanent Address _____
Street City State Zip

If applying for a seasonal employment on what date will you be available to start work? _____

On what date will you no longer be available for seasonal employment? _____

Please answer Yes or No to the following and give details where specified

Yes No

Do you have a valid driver's license? Yes No

Have you ever been convicted of a felony? If yes, give details _____

Were you previously employed by the Park District? Yes No

Are you a U.S. citizen, permanent resident or authorized to work in the United States? Yes No

EDUCATION

Circle highest grade completed

High School
 9 10 11 12

College
 1 2 3 4

Graduate School
 1 2 3 4

School	Name & Address	Course of study	No. years completed	Did you Graduate?	Degree or Diploma
High School					
College					
Graduate Studies					
Vocational/ additional Training					

EMPLOYMENT HISTORY (Please list your last three employers, starting with the most recent)

Name of Employer	Address	City	State	Zip
Phone #	Type of Business	Title of Position		
Describe nature of work performed				
Name & Position of Immediate supervisor				
Date Employed (month/year)	Date Left (month/year)	Starting Salary	Final Salary	
Reason for leaving		May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer	Address	City	State	Zip
Phone #	Type of Business	Title of Position		
Describe nature of work performed				
Name & Position of Immediate supervisor				
Date Employed (month/year)	Date Left (month/year)	Starting Salary	Final Salary	
Reason for leaving		May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Name of Employer	Address	City	State	Zip
Phone #	Type of Business	Title of Position		
Describe nature of work performed				
Name & Position of Immediate supervisor				
Date Employed (month/year)	Date Left (month/year)	Starting Salary	Final Salary	
Reason for leaving		May we contact employer for reference? <input type="checkbox"/> Yes <input type="checkbox"/> No		

PERSONAL REFERENCES (Please do not list relatives or former employers)

Name	Address	Occupation/Title	Telephone #	# of years known

OTHER INFORMATION

Are there any other experiences, skills, interests, or talents which you feel would especially fit you for work with the Park District or any other information that would be helpful in evaluating your qualifications?

Military Service: Branch _____ Rank/Rate _____ From (Month/Year) _____ To (Month/Year) _____

EMERGENCY CONTACT INFORMATION

Please provide a contact person in case of emergency:

Name: _____ Phone Number: _____
Address: _____ Relationship: _____
Doctor: _____ Phone Number: _____

PLEASE READ CAREFULLY

I hereby certify that to the best of my knowledge and belief the answers given by me to the foregoing questions and all statements made by me in the application are true and complete to the best of my knowledge. It is understood and agreed that any misrepresentation by me in this application will be sufficient cause for cancellation of this application and/or separation from the Park District's service, if I have been employed. Further more, I understand that just as I am free to resign at any time, The Park District reserves the right to terminate my employment at any time, with or without prior notice.

If employed, I agree that all material created and produced whether in written, graphic or broadcasting form, all inventions new or changes in processes developed during my employment are the exclusive property of the Park District to use and/or sell and that subsequent to my employment with the Park District will not disclose, use or reveal any confidential information related to the Park District without first obtaining written consent from the Director of the Park District.

I consent to the Johnny Appleseed Metropolitan Park District the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability the Johnny Appleseed Metropolitan Park District and its representatives for seeking such information and all other persons, corporations, or organizations for furnishing such information.

Signature _____ Date _____