

# Application for Employment



PLEASE PRINT

POSITION(S) APPLIED FOR \_\_\_\_\_

DATE OF APPLICATION \_\_\_\_ / \_\_\_\_ / \_\_\_\_

REFERRAL SOURCE  ADVERTISEMENT  EMPLOYEE  RELATIVE  GOVERNMENT EMPLOYMENT AGENCY  
 WALK-IN  PRIVATE EMPLOYMENT AGENCY  OTHER \_\_\_\_\_  
 NAME OF SOURCE (IF APPLICABLE) \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_  
Last First Middle

Telephone Number \_\_\_\_\_  
Street ( ) City State Social Security No. Zip Code

If necessary, best time to call you at home is \_\_\_\_\_  
Area Code

May we contact you at work?  YES  NO

If yes, work number and best time to call ( ) \_\_\_\_\_  
Area Code

If you are under 18, can you furnish a work permit?  YES  NO

State names of any relatives working at Lake Metroparks \_\_\_\_\_

Have you filed an application here before?  YES  NO

If yes, give date \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Salary desired? \_\_\_\_\_

Have you ever been employed here before?  YES  NO

If yes, give dates From \_\_\_\_ / \_\_\_\_ / \_\_\_\_ To \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Are you legally eligible for employment in this country?  YES  NO

(Proof of U.S. citizenship or immigration status will be required upon employment)

Date available for work \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_

Type of employment desired:  Full -Time  Part-Time  Temporary  Seasonal  Educational Co-Op

Are you on a lay-off and subject to recall?  YES  NO

Will you work overtime and weekends if required?  YES  NO

If required, will you undergo an employment physical with drug screen?  YES  NO

Have you ever been bonded?  YES  NO

Have you been convicted of a felony in the last seven (7)years?  YES  NO  
(Such conviction may be relevant if job related, but does not bar you from employment.)

If yes explain: \_\_\_\_\_

Driver's license number \_\_\_\_\_ Expiration Date \_\_\_\_\_ State \_\_\_\_\_

# Employment History

List your last four (4) employers, assignments or volunteer activities, starting with the most recent, including military experience. Explain any gaps in employment in comments section below.

Employer	Telephone ( )	Dates Employed		Summarize the nature of the work performed and job responsibilities.
		From	To	
Address				
Job Title		Hourly Rate/Salary		
		Starting		
Immediate Supervisor and Title		\$	Per	
Reason for Leaving		Hourly Rate		
		Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

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Reason for Leaving		Hourly Rate		
		Final		
May we contact for reference? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> LATER		\$	Per	

Comments (including explanation of any gaps in employment)

**Skills and Qualifications** Summarize special skills and qualifications acquired from employment or other experiences that may qualify you for work with our organization.

# Educational Background

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

A. SCHOOL	B. NO. YEARS COMPLETED	C. DEGREE DIPLOMA	D. GPA CLASS RANK	E. MAJOR	E. MINOR

List any foreign language(s) and check the box that best describes your skill level.

LANGUAGE	READ AND WRITE	READ AND SPEAK	READ ONLY	SPEAK ONLY

## References

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

NAME	TELEPHONE	YEARS KNOWN
	( )	
	( )	
	( )	

List professional, trade, business or civic associations and any offices held. (Exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or other protected status.)

ORGANIZATION	OFFICES HELD

List special accomplishments, publications and awards. (Exclude information which would reveal sex, race, religion, national origin, age, ancestry, handicap or other protected status.) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

List any additional information you would like us to consider. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Vietnam Era Veteran

YES

NO

If you are handicapped and wish to be identified as such according to the Rehabilitation Act of 1973, please indicate by checking the box

YES

# Voluntary Affirmative Action Information

(Completion of Information Below is Voluntary)

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status.

Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Position Applied For: \_\_\_\_\_

Referral Source:

- Advertisement     Employee     Relative     Walk-In     School     Government Employment Agency  
 Private Employment Agency     Other \_\_\_\_\_

Name of Source (If Applicable) \_\_\_\_\_

Applicant's Name \_\_\_\_\_ ( )  
Last First Middle Area Code Phone

Address \_\_\_\_\_  
Street City State Zip Code

As required, we comply with governmental regulations including Affirmative Action obligations where they apply.

In an effort to comply with requirements regarding governmental recordkeeping, reporting and other legal obligations, we ask that you complete this applicant data survey. Your cooperation is appreciated.

Please be advised that your survey is *not* a part of your official application for employment. It is considered confidential information that will not be used in any hiring decision.

Check One:  Male     Female

Check One Of The Following Race/Ethnic Group:

- Hispanic     Black     White     American Indian/Alaskan Native     Asian/Pacific Islander

Check If Any Of The Following Are Applicable:

- Vietnam Era Veteran     Disabled Veteran     Handicapped Individual

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 Lake Metroparks' service if I have been employed. Furthermore, I understand that just as I am free to resign at any time, Lake Metroparks reserves the right to terminate my employment at any time, with or without cause and without prior notice. I understand that no representative of Lake Metroparks has the authority to make any assurances to the contrary.

I give Lake Metroparks the right to investigate all references and to secure additional information about me, if job related. I hereby release from liability Lake Metroparks and its representatives for seeking such information and all other persons, corporations or organizations for furnishing such information.

Lake Metroparks is an equal opportunity employer. Lake Metroparks does not discriminate in employment and no question on this application is used for the purpose of limiting or excluding any applicant's consideration for employment on a basis prohibited by local, state or federal law.

Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_