

Application for Employment



221 N. Main St. • Centerville, OH 45459-4617
(937) 433-5155 • FAX (937) 433-6564 • www.cwpd.org

Position(s) Applying for _____

Date _____ Full-time Part-Time Temporary/Seasonal

Personal Information

Name _____
last first middle

Address _____
street city state zip

Student Address _____
street city state zip

Primary Phone _____ Cell Phone _____ Other _____

Email Address _____

Date Available _____ How did you hear about position? _____

List names of friends/family who presently work at CWPD? _____

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

Have you ever been convicted of a felony? Yes No If yes, note dates and disposition of case below:

Do you have a valid 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

Name and Location	Years Completed	Did You Graduate?	Course of Study
HIGH SCHOOL			
COLLEGE (INCLUDE JUNIOR AND COMMUNITY)			
TECHNICAL			
OTHER			

Licenses and Certificates

Type	Issuing State or Agency	Number	Expiration Date
<input type="radio"/> DRIVER'S <input type="radio"/> COMMERCIAL			
<input type="radio"/> PROFESSIONAL _____ <small style="margin-left: 250px;">(e.g. TEACHER, CPRP)</small>			
<input type="radio"/> TECHNICAL _____ <small style="margin-left: 100px;">(e.g. EMT, PEACE OFFICER, COMMERCIAL SPRAYING)</small>			
<input type="radio"/> OTHER _____			

Employment History

Please summarize any job related skills and qualification acquired from employment or other experience.

NAME OF EMPLOYER	PHONE	FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> SEASONAL <input type="radio"/>
ADDRESS street city state zip		FROM _____ TO _____
EMAIL ADDRESS		JOB TITLE
SUMMARY OF DUTIES AND RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE
		HOURLY RATE OR SALARY \$ _____ PER _____
		REASON FOR LEAVING
NAME OF EMPLOYER	PHONE	FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> SEASONAL <input type="radio"/>
ADDRESS street city state zip		FROM _____ TO _____
EMAIL ADDRESS		JOB TITLE
SUMMARY OF DUTIES AND RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE
		HOURLY RATE OR SALARY \$ _____ PER _____
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EMAIL ADDRESS		JOB TITLE
SUMMARY OF DUTIES AND RESPONSIBILITIES		IMMEDIATE SUPERVISOR AND TITLE
		HOURLY RATE OR SALARY \$ _____ PER _____
		REASON FOR LEAVING

References

Name	Email Address	Occupation	Phone

The Park District will not discriminate against any employee or applicant for employment because of age (as defined by applicable law), religion, sex, race, color, national origin, qualified disability, or disabled Veteran or Vietnam era veteran status. Answers to application questions will be utilized for applicable, job related information only.

I certify that the statements contained herein are true to the best of my knowledge. I understand that falsification of any answers or any failure to answer any question contained herein is cause for dismissal from employment with the Centerville-Washington Park District.

I understand and agree that the Park District may make a thorough investigation of my past and current employment and activities (including but not limited to motor vehicle operator and police record investigation) and I release from liability or responsibility all persons or organizations supplying such information. I also understand that any full-time employment is contingent upon results of a drug screening and physical examination. I also understand and agree that the information obtained may be used by the Park District in any way connected with my employment status. All information is subject to verification.

If I am employed, I agree to comply with and be bound by the personnel and safety policies of the Park District. I further understand that employment is not guaranteed for any term, and that my employment may be terminated by the Park District or myself for any reason.

Signature _____ Date _____