

# Application for Employment



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

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 _____<br>(e.g. TEACHER, CPRP)                        |                         |        |                 |
| <input type="radio"/> TECHNICAL _____<br>(e.g. EMT, PEACE OFFICER, COMMERCIAL SPRAYING) |                         |        |                 |
| <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"/><br>FROM _____ TO _____ |
| ADDRESS                      street                                      city                                      state                                      zip | JOB TITLE |   |
| SUMMARY OF DUTIES AND RESPONSIBILITIES  |           | IMMEDIATE SUPERVISOR AND TITLE  |
|   |           | HOURLY RATE OR SALARY<br>\$ _____ PER _____   |
|   |           | REASON FOR LEAVING  |
| NAME OF EMPLOYER  | PHONE     | FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> SEASONAL <input type="radio"/><br>FROM _____ TO _____ |
| ADDRESS                      street                                      city                                      state                                      zip | JOB TITLE |   |
| SUMMARY OF DUTIES AND RESPONSIBILITIES  |           | IMMEDIATE SUPERVISOR AND TITLE  |
|   |           | HOURLY RATE OR SALARY<br>\$ _____ PER _____   |
|   |           | REASON FOR LEAVING  |
| NAME OF EMPLOYER  | PHONE     | FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> SEASONAL <input type="radio"/><br>FROM _____ TO _____ |
| ADDRESS                      street                                      city                                      state                                      zip | JOB TITLE |   |
| SUMMARY OF DUTIES AND RESPONSIBILITIES  |           | IMMEDIATE SUPERVISOR AND TITLE  |
|   |           | HOURLY RATE OR SALARY<br>\$ _____ PER _____   |
|   |           | REASON FOR LEAVING  |
| NAME OF EMPLOYER  | PHONE     | FULL-TIME <input type="radio"/> PART-TIME <input type="radio"/> SEASONAL <input type="radio"/><br>FROM _____ TO _____ |
| ADDRESS                      street                                      city                                      state                                      zip | JOB TITLE |   |
| SUMMARY OF DUTIES AND RESPONSIBILITIES  |           | IMMEDIATE SUPERVISOR AND TITLE  |
|   |           | HOURLY RATE OR SALARY<br>\$ _____ PER _____   |
|   |           | REASON FOR LEAVING  |

**References (non-relatives)**

| 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 \_\_\_\_\_