

# Campbell County Parks & Recreation Department

## APPLICATION FOR EMPLOYMENT

### An Equal Opportunity Employer

We do not discriminate on the basis of race, color, religion, national origin, sex, age or disability, or any other status protected by law or regulation. It is our intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.



Answer each question fully and accurately. No action can be taken on this application until you have answered all questions. Use blank paper if you do not have enough room on this application. **PLEASE PRINT**, except for signature on back of application. In reading and answering the following questions, be aware that none of the questions are intended to imply illegal preferences or discrimination based upon non-job-related information.

Job Applied for \_\_\_\_\_ Today's Date \_\_\_\_\_

Are you seeking: Full-time  Part-time  Temporary  employment? When could you start work? \_\_\_\_\_

\_\_\_\_\_  
 Last Name First Name Middle Name Telephone Number

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

Are you 18 years of age or older? Yes  No  (If you are hired, you may be required to submit proof of age.)

Social Security # (Optional) \_\_\_\_\_ If hired, can you furnish proof you are eligible to work in the U.S.? Yes  No

Have you ever applied here before? Yes  No  If yes, when? \_\_\_\_\_

Were you ever employed here? Yes  No  If yes, when? \_\_\_\_\_

Have you ever been convicted of any law violation? (Include any plea of "guilty" or "no contest." Exclude minor traffic violations.)----- Yes  No   
 If yes, give details \_\_\_\_\_  
 (A conviction will not necessarily disqualify an applicant for employment.)

If employed, do you expect to be engaged in any other business or employment outside our job?----- Yes  No   
 If yes, give details \_\_\_\_\_

For Driving Jobs ONLY: Do you have a valid driver's license?----- Yes  No   
 Driver's License Number \_\_\_\_\_ Class of License \_\_\_\_\_ State Licensed in \_\_\_\_\_  
 Have you had your driver's license suspended or revoked in the last 3 years?----- Yes  No   
 If yes, give details \_\_\_\_\_

List professional, trade, business or civic activities and offices held. (Exclude labor organizations and memberships which reveal race, color, religion, national origin, sex, age, disability or other protected status.) \_\_\_\_\_

**EXPERIENCE (POOL APPLICANTS ONLY)**

Lifeguard Training \_\_\_\_\_ When? \_\_\_\_\_ Renewed \_\_\_\_\_

W.S.I.? \_\_\_\_\_ When? \_\_\_\_\_ Renewed \_\_\_\_\_ Date of last class taught? \_\_\_\_\_

CPR for the Professional Rescuer? \_\_\_\_\_ When? \_\_\_\_\_ Community First Aid? \_\_\_\_\_ When? \_\_\_\_\_

**LIST NAME AND ADDRESSES OF SCHOOLS**

	Number of years Completed	Diploma/Degree/Certificate	Subjects Studied
High School or GED: _____			
College or University: _____			
Vocational or Technical: _____			

What skill or additional training do you have that relate to the job for which you are applying? \_\_\_\_\_

What machines or equipment can you operate that relate to the job for which you are applying? \_\_\_\_\_

List names of employers in consecutive order with present or last employer listed first. Account for all periods of time including military service and any periods of unemployment. If self-employed, give firm name and supply business references. Note: A job offer may be contingent upon acceptable references from current and former employers.

NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY	DATES OF EMPLOYMENT (Mo/Yr): FROM _____ TO _____
STATE, ZIP CODE	PAY: START \$ _____ FINAL \$ _____
SUPERVISOR _____ TELEPHONE _____	REASON FOR LEAVING _____
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY	DATES OF EMPLOYMENT (Mo/Yr): FROM _____ TO _____
STATE, ZIP CODE	PAY: START \$ _____ FINAL \$ _____
SUPERVISOR _____ TELEPHONE _____	REASON FOR LEAVING _____
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY	DATES OF EMPLOYMENT (Mo/Yr): FROM _____ TO _____
STATE, ZIP CODE	PAY: START \$ _____ FINAL \$ _____
SUPERVISOR _____ TELEPHONE _____	REASON FOR LEAVING _____
NAME OF EMPLOYER	JOB TITLE AND DUTIES
ADDRESS	
CITY	DATES OF EMPLOYMENT (Mo/Yr): FROM _____ TO _____
STATE, ZIP CODE	PAY: START \$ _____ FINAL \$ _____
SUPERVISOR _____ TELEPHONE _____	REASON FOR LEAVING _____

Have you worked or attended school under any other name?..... Yes  No

If yes, give names: \_\_\_\_\_

Are you presently employed?..... Yes  No

If yes, whom do you suggest we contact? \_\_\_\_\_

Have you ever been fired from a job or asked to resign?..... Yes  No

If yes, please explain: \_\_\_\_\_

Give three references, not relatives or former employers.

Name	Address	Phone
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING**

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date.

I understand that the employer may request an investigative consumer report from a consumer reporting agency. This report may include information as to my character, reputation, personal characteristics and mode of living obtained from interviews with neighbors, friends, former employers, schools and others. I understand I have a right to make a written request within a reasonable time for the disclosure of the name and address of the consumer reporting agency so that I may obtain a complete disclosure of the nature and scope of the investigation.

I authorize the investigation of any or all statements contained in this application. I also authorize, whether listed or not, any person, school, current employer, past employers and organizations to provide relevant information and opinions that may be useful in making a hiring decision. I release such persons and organizations from any legal liability in making such statements. I understand that if I am extended an offer of employment it may be conditional upon my successfully passing a complete pre-employment physical examination. I consent to the release of any or all medical information as may be deemed necessary to judge my capability to do the work for which I am applying.

I understand I may be required to successfully pass a drug screening exam. I hereby consent to a pre - and/or post - employment drug screen as a condition of employment if required.

**I UNDERSTAND THAT THIS APPLICATION OR SUBSEQUENT EMPLOYMENT DOES NOT CREATE A CONTRACT OF EMPLOYMENT NOR GUARANTEE EMPLOYMENT FOR ANY DEFINITE PERIOD OF TIME. IF EMPLOYED, I UNDERSTAND THAT I HAVE BEEN HIRED AT THE WILL OF THE EMPLOYER AND MY EMPLOYMENT MAY BE TERMINATED AT ANY TIME, WITH OR WITHOUT CAUSE AND WITH OR WITHOUT NOTICE.**

I have read, understand, and by my signature consent to these statements.

Signature \_\_\_\_\_ Date \_\_\_\_\_