



Crawford Park District

2401 SR 598 Crestline, Ohio 44827
Phone: 419-683-9000 Fax: 419-683-6281
www.crawfordparkdistrict.org
Director: Joshua Dyer

Nature Education
Nature Preservation

Employment Application

Prospective employees will receive consideration without discrimination because of race, color, religion, sex, age, national origin, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

PERSONAL INFORMATION (Please print)

Name: _____

Last

First

Middle Initial

Permanent

Address: _____

Street

City

State

Zip Code

Telephone: Home (____) _____ Cell (____) _____

Email: _____

1. Position(s) You Are Applying For:

2. Dates/Times Available for Personal Interview:

3. On what date will you be available for employment? _____

4. Are you legally eligible for employment in the United States? _____

5. Please explain any items on your background check that may be questionable.

6. An application form sometimes makes it difficult for an individual to adequately summarize a complete background. Use the space below or additional space (not to exceed one page) to summarize any additional information necessary to describe your full qualifications for the specific position for which you are applying.

EDUCATIONAL BACKGROUND

<i>TYPE OF SCHOOL</i>	<i>NAME AND ADDRESS</i>	<i>GRADUATION DATE</i>	<i>ACADEMIC MAJOR</i>
High School			N/A
College/Business/Trade			
Other			

PRIOR WORK HISTORY (Start with present or most recent employer.)

COMPANY NAME	Address	Telephone No.
Name of Supervisor/Title	Hourly Rate/Salary Starting: Final:	Position You Held
Dates Employed From: To:	Reason for Leaving	
Work Performed		

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Work Performed		

PERSONAL REFERENCES (Excluding former employers or relatives)

NAME AND OCCUPATION	ADDRESS	TELEPHONE NO.
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If you are extremely allergic or sensitive to common nature related triggers such as poison ivy, pollen or insect bites, be advised that you will come in contact with these during your employment with the Park District. Please explain any medical issues that must be taken into consideration by the park management if those issues will affect your job performance.

APPLICANTS AUTHORIZATIONS, CERTIFICATION AND AGREEMENT

In the event that the applicant's health or physical abilities becomes an issue during employment, the applicant authorizes the employer to view medical, diagnostic, and prescription records related to the applicant's fitness for duty or ability to safely perform the essential function of the job.

I understand that I must provide current background check data to the employer which has been documented by submitting finger prints.

I also agree that I will submit to drug testing either before or during employment.

I hereby wave all provisions of law forbidding colleges or universities which I attended, or past employers, from disclosing any information which they acquired relevant to my employment. I consent that they may disclose such information to the employer for recruitment purposes.

I hereby give consent and authorize the employer to conduct, either by itself or through the utilization of an outside agency, any investigation the employer deems necessary.

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I have read completely the authorizations given above and by signing below agree with each and every item. I understand that if employed, falsified statements on this application shall be considered sufficient cause for dismissal.

Applicant's signature: _____ Date: _____

Thank you for completing this application form and for your interest in employment with the Crawford Park District. We would like to assure you that employment with the Park District is based upon merit and that any information on this employment application will be protected to the fullest extent allowed by law.