



Medina County Park District

6364 Deerview Lane • Medina, OH 44256
330-722-9364, 330-225-7100 ext. 9364, 330-336-6657 ext. 9364
Website: www.medinacountyparks.com

APPLICATION FOR EMPLOYMENT (PRE-EMPLOYMENT QUESTIONNAIRE • AN EQUAL OPPORTUNITY EMPLOYER)

PERSONAL INFORMATION

DATE _____

NAME _____

LAST

FIRST

M. I.

PRESENT ADDRESS _____

STREET

CITY

STATE

ZIP

PERMANENT ADDRESS _____

STREET

CITY

STATE

ZIP

PHONE NUMBER _____ ARE YOU 18 YEARS OF AGE OR OLDER? _____

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS A BOX HAS BEEN CHECKED, THEREBY INDICATING THE INFORMATION IS REQUIRED FOR A BONAFIDE OCCUPATIONAL QUALIFICATION, IS DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

- HEIGHT _____ FEET _____ INCHES ARE YOU PREVENTED FROM LAWFULLY BECOMING EMPLOYED IN THE U.S.? _____
- WEIGHT _____ LBS. DATE OF BIRTH* _____
- WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY? _____ READ _____ WRITE _____

* THE AGE DISCRIMINATION IN EMPLOYMENT ACT OF 1967 PROHIBITS DISCRIMINATION ON THE BASIS OF AGE WITH RESPECT TO INDIVIDUALS WHO ARE AT LEAST 40 BUT LESS THAN 70 YEARS OF AGE.

EMPLOYMENT DESIRED

POSITION _____ DATE YOU CAN START _____ SALARY DESIRED _____

ARE YOU EMPLOYED NOW? _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER? _____

HAVE YOU APPLIED TO THE PARK DISTRICT BEFORE? _____ WHEN? _____

EDUCATION	NAME AND LOCATION OF SCHOOL	DATES ATTENDED	DID YOU GRADUATE?	SUBJECTS STUDIED

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK _____

U.S. MILITARY SERVICE _____ RANK _____ PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES? _____

(CONTINUED ON OTHER SIDE)

FORMER EMPLOYERS (BEGINNING WITH YOUR MOST RECENT OR CURRENT EMPLOYER, PLEASE LIST YOUR LAST FOUR EMPLOYERS.)

DATE MONTH AND YEAR	NAME, ADDRESS, AND PHONE NO. OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				
FROM				
TO				

PROFESSIONAL REFERENCES: (GIVE THE NAMES OF THREE PERSONS NOT RELATED TO YOU WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	PHONE NO.	YEARS KNOWN
1.			
2.			
3.			

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL LIMITATIONS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED? _____

IF YES, PLEASE DESCRIBE. _____

WHAT CAN BE DONE TO ACCOMMODATE YOUR LIMITATION? _____

IN CASE OF EMERGENCY PLEASE NOTIFY:

NAME _____

ADDRESS _____

PHONE NUMBER _____

"I CERTIFY THAT THE FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND THAT, IF EMPLOYED, FALSIFIED STATEMENTS ON THIS APPLICATION SHALL BE GROUNDS FOR DISMISSAL.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES LISTED ABOVE TO PROVIDE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT, ANY PERTINENT INFORMATION THE EMPLOYERS MAY HAVE, PERSONAL OR OTHERWISE, AND RELEASE ALL PARTIES FROM ALL LIABILITY FOR ANY DAMAGE THAT MAY RESULT FROM FURNISHING SAID INFORMATION TO YOU.

I UNDERSTAND AND AGREE THAT, IF CONSIDERED FOR EMPLOYMENT, I MUST SUCCESSFULLY COMPLETE A CRIMINAL AND PERSONAL BACKGROUND CHECK, FINGERPRINT SCREENING, AND DRUG SCREENING AT THE PARK DISTRICT'S EXPENSE PRIOR TO BEING HIRED.

I UNDERSTAND AND AGREE THAT, IF HIRED, UNLESS HIRED AS A CONTRACTURAL EMPLOYEE, MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND/OR SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PRIOR NOTICE."

SIGNATURE _____ DATE _____

DO NOT WRITE BELOW THIS LINE

INTERVIEWED BY _____ DATE _____

NOTES _____

HIRED? _____ POSITION _____ DEPT. _____

SALARY/WAGE _____ DATE REPORTING TO WORK _____

APPROVED: 1. _____ 2. _____ 3. _____

EMPLOYMENT MANAGER

DEPARTMENT HEAD

DIRECTOR REVISED 5-24-17