



2051 Timberman Road
Hamilton, Ohio 45013

APPLICATION FOR EMPLOYMENT

We consider all qualified applicants for all positions without regard to race, religion, color, sex (including pregnancy, gender identity and sexual orientation), national origin, ancestry, age, disability, military status, or genetic information.

(PLEASE PRINT)

Position Applied For: _____			Date of Application _____		
How Did You Learn About This Employment Opportunity?					
<input type="checkbox"/> Advertisement in _____		<input type="checkbox"/> Relative		<input type="checkbox"/> Inquiry	
<input type="checkbox"/> Employment Agency		<input type="checkbox"/> Friend		<input type="checkbox"/> Other _____	
Last Name		First Name		Middle Name	
Address	Number	Street	City	State	Zip Code
Email Address _____					
Telephone No.:			Social Security No*:		
Best time to contact you at home is:			____: ____ am/pm		
If you are under 18 years of age, can you provide required proof of your eligibility to work?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been employed with us before?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, give date _____					
Do any of your friends or relatives work here? Who? _____			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you currently employed?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
May we contact your present employer?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
<i>Proof of citizenship or immigration status will be required upon employment</i>					
Date available for work ____ / ____ / ____			What is your desired salary range? _____		
Are you available to work:			<input type="checkbox"/> Full-Time		
			<input type="checkbox"/> Part-Time (Please indicate Mornings Afternoon Evenings)		
			<input type="checkbox"/> Temporary (Please indicate dates available ____ / ____ - ____ / ____)		
Are you currently on "lay-off" status and subject to recall?			<input type="checkbox"/> Yes <input type="checkbox"/> No		
WE ARE AN EQUAL OPPORTUNITY EMPLOYER					
<small>*Social Security No. is required, but maybe supplied by the applicant at the time of preliminary selection.</small>					

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				Work Performed
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor		Work Performed	
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				Work Performed
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title		Supervisor		Work Performed	
Reason for Leaving					

EMPLOYMENT EXPERIENCE continued

3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
	Job Title	Supervisor			
	Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.
You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job has been given. _____ **YES** _____ **NO**

REFERENCES

1. _____
(Name) Email Address Phone Number

(Address) Relationship to you?
2. _____
(Name) Email Address Phone Number

(Address) Relationship to you?
3. _____
(Name) Email Address Phone Number

(Address) Relationship to you?

APPLICANT'S STATEMENT

I certify that answers given in this application are true and complete.

I authorize MetroParks, its employees and/or its agents to investigate any or all statements contained in this application for employment as may be necessary in arriving at an employment decision.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

So that you are aware of our procedures, with your written permission, we may order motor vehicle, security and other reports. This information will be used to evaluate your application, and will be periodically re-evaluated during your employment. Failure to sign and/or complete either of the statements on this page will invalidate this application.

Authorization for Disclosure and Collection of Information

I hereby authorize MetroParks of Butler County and its agents who evaluate and process this application to disclose information from this application and information collected from other sources (e.g. motor vehicle driving records, court documents and security reports) to verify the information and evaluate my application. I also authorize MetroParks of Butler County to collect information from reporting agencies to verify information and/or evaluate my application. I understand that the records and/or reports I have authorized the MetroParks of Butler County to collect and/or review may be personal or privileged information. I understand that if an adverse employment decision is made based upon the information obtained through a third party investigation or records check, I am entitled to a copy of the report upon which the adverse employment decision was made.

Signature of Applicant

Driver's License Number*

Date

*Required only if the position is offered/accepted.