



MIAMI COUNTY PARK DISTRICT

APPLICATION FOR EMPLOYMENT

2645 E. St. Rt. 41
Troy, OH 45373
(937) 335-MCPD
(937) 335-6221 Fax

Last Name: _____ First Name: _____ M: _____

Home Address: _____ City: _____ St: _____ Zip _____

County: _____ Phone: _____ E-Mail: _____

Social Security Number: _____ Drivers License Number: _____

Certain positions require a minimum age limit. Are you over: 16 years old: ____ 18 years old: ____ 21 years old: ____

Date of application: _____ Check which applies: Full-Time: ____ Part-Time (35 hrs. per wk. or less): ____

Position sought: _____

EMPLOYMENT HISTORY AND WORK EXPERIENCES

In this section, list all employment history and work experience, in date of order, including military experience. Begin with your current employer. If necessary, use additional paper. Failure to include all employment may be grounds for disqualification.

Current Employer: _____ Job Title: _____

Address: _____ Supervisor's Name: _____

Phone Number: _____ Dates Employed: _____ to _____

Beginning Salary: _____ per _____ Current Salary: _____ per _____

May we contact your current employer prior to employment? Yes ___ No ___

Describe your duties, responsibilities, equipment operations, promotions, etc.: _____

Why did you leave? _____

Previous/Current Employer: _____ Job Title: _____

Address: _____ Supervisor's Name: _____

Phone Number: _____ Dates Employed: _____ to _____

Beginning Salary: _____ per _____ Current Salary: _____ per _____

Describe your duties, responsibilities, equipment operations, promotions, etc.: _____

Why did you leave? _____

Previous/Current Employer: _____ Job Title: _____

Address: _____ Supervisor's Name: _____

Phone Number: _____ Dates Employed: _____ to _____

Beginning Salary: _____ per _____ Current Salary: _____ per _____

Describe your duties, responsibilities, equipment operations, promotions, etc.: _____

Why did you leave? _____

If you need to list any additional previous employers, please use a separate sheet of paper.

EDUCATION AND TRAINING

This section is intended to give the employer information about the education and training that the applicant has completed, and to demonstrate the skills, knowledge and abilities of the applicant to perform the job duties necessary for the position that is applied for.

High School: _____

Address: _____

Did you graduate: Yes ___ No ___ When will you graduate: _____ High School Equivalent: ___ Where: _____

Courses pertaining to the job applied for: _____

Activities, Awards, Sports, Etc: _____

Vocational School: _____ Address: _____

Dates of attendance: _____ to _____ Did you graduate: Yes ___ No ___ Degree: _____

Courses pertaining to the job applied for: _____

Activities, Awards, Etc.: _____

College: _____

Address: _____

Dates of attendance: _____ to _____ Did you graduate: Yes ___ No ___ Degree: _____

Graduate School: _____

Address: _____

Dates of attendance: _____ to _____ Did you graduate: Yes ___ No ___ Degree: _____

Do you have an O.P.O.T.A. Law Enforcement Certificate: Yes ___ No ___

Where attended: _____ Dates of attendance: _____ to _____

Address: _____

Have you received your up-date training: Yes ___ No ___ N/A ___ Dates of attendance: _____ to _____

When was your last working date as a law enforcement officer: _____

Please use the following space to provide further information on training, education, skills, certificates, abilities, hobbies, volunteer work, etc. that you possess or have experienced that may be helpful in the evaluation of your application.

PERSONAL INFORMATION

Do you have any commitments (i.e.: second job, school, etc.) which might interfere with or adversely affect your employment, should we select you for a position? Yes ___ No ___ If yes, please explain: _____

Do you possess a valid drivers license? Yes ___ No ___

If no, can you obtain one prior to employment? Yes ___ No ___

Are you eligible to work in the United States? Yes ___ No ___

REFERENCES

Please list three references who are not related or a supervisor that you have known for at least one year.

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

Name: _____ Phone: _____

Address: _____

APPLICANT WAIVER

Please read the following paragraphs carefully. Indicate your understanding and consent to the contents and conditions of each, by placing your initials at the end of each paragraph. If you have any questions regarding these paragraphs, contact the employer before initialing.

I understand and accept that if I am selected for employment; my employment may be conditional upon passing any medical examination that MCPD deems necessary to determine whether I can physically and mentally perform the essential functions of the position with reasonable accommodations when necessary. I understand that this may include drug, alcohol, polygraph, psychological or substance abuse testing. INITIALS: _____

If employed, I understand and except that depending on the department in which I am applying for employment I may be required to work evenings or nights, including weekends, holidays and be on call and work mandatory overtime hours. INITIALS: _____

I understand and accept that if any information required in this application is found to be falsified or intentionally excluded, my application may be disqualified from further consideration. I further understand and accept that if I am employed by MCPD, I may be subjected to disciplinary action or termination if any information required by this application has been falsified or intentionally excluded. INITIALS: _____

I understand and accept that the MCPD requires a high degree of integrity and confidentiality by its employees. I also understand and accept that the various law enforcement and informational agencies that exchange information and data with the Park District require that the Park District employees do not have a past record of unlawful activities. Therefore, I understand and accept that depending on the department in which I am applying for employment it may be necessary for MCPD to investigate my background for any criminal or unlawful activity. INITIALS: _____

I hereby authorize the employers, schools and personal references named in this application may provide information regarding me to the MCPD. I further authorize the release of personnel, academic and other records to MCPD. INITIALS: _____

I understand and know that this application will be kept on file for the position applied for no longer than one year from the date of the application. At which time this application will be destroyed in the proper manner as to protect any personal information within this application. INITIALS: _____

SWEARING OF THE APPLICATION

I solemnly swear that all of the information furnished in this employment application is true, accurate and complete to the best of my knowledge. I authorize the investigation of all statements contained in this application. I understand that any misrepresentation or falsification of the information provided may lead to withdrawal of an employment offer, disciplinary action or termination following employment. I recognize that my future employment with the Miami County Park District will be jeopardized if I engage in substance abuse, illegal drug abuse, alcohol abuse or unlawful activities.

(Applicant's Signature)

(Date)

MIAMI COUNTY PARK DISTRICT IS AN EQUAL OPPORTUNITY EMPLOYER