



2017 EMPLOYMENT APPLICATION

Springfield-Greene County Park Board
1923 N. Weller • Springfield, Missouri • 65803



Today's Date: _____

Date available for employment: _____

Job applying for: Position: _____ Position: _____

Name: _____ **Phone:**(____) _____
First Middle Last Home

Address: _____ **Phone:**(____) _____
Street Apt. # City State Zip Alternate

Email Address: _____ **Unique Identifier:** _____
Enter unique ID of month and day of birthday and last 4 digits of social # (MMDDSSSS)

Age range: 14-15 _____ 16-17 _____ 18+ _____
NOTE: Age information is reviewed solely for compliance with Child Labor Laws

Are you a United States citizen? YES _____ NO _____
 If you are not a citizen, give the number of your permanent resident card, work permit, or employment authorization card.
 Number: _____ Expiration Date: _____

Have you ever been convicted of, or plead guilty to, any federal, state or municipal criminal offense?
 (This includes **ALL TRAFFIC VIOLATIONS** for which you have paid fines)

YES _____ NO _____ (If YES, list complete conviction record-use additional sheets, if necessary.)

DATE: _____ OFFENSE: _____ LOCATION: _____

Please check one: Misdemeanor Felony
 EXPLANATION (Please give full details):

A conviction will not automatically disqualify you from consideration. We will consider the nature of the offense in relation to the job for which you are applying. We will also consider your record since the offense was committed. Failure to accurately list conviction record will result in disqualification.

Please list all education, training, and licensures that you feel is applicable for the position including license number(s), and expiration date(s). (This includes Commercial Driver's License information.)

Do NOT attach a copy of your driver's license to this application. A copy may be required during other phases of the selection process

Did you work for the Springfield-Greene County Park Board last year? Yes _____ No _____
 Provide the name of your previous supervisor: _____

Have you been employed in another department of the City of Springfield? Yes _____ No _____
 Dates: _____ Department: _____

Do you have any relatives working for the City of Springfield? Yes _____ No _____
 Please list name(s), relationship, & department/location: _____

Provide your complete record of employment. Supervisor name and phone number is required. Please use/request a phone book if needed. List additional employment on separate sheet or resume.

Employer: _____ **City:** _____ **State:** _____ **Phone:** _____

Supervisor's Name and Title: _____

Title and job duties: _____

Dates of employment were from: ____/____/____ to ____/____/____

Employer: _____ **City:** _____ **State:** _____ **Phone:** _____

Supervisor's Name and Title: _____

Title and job duties: _____

Dates of employment were from: ____/____/____ to ____/____/____

If you have NO previous employment, references are required. List TWO adult references. At least one should be from school such as a teacher/coach, etc. (Family members are not acceptable.)

Name: _____ **Phone** _____

How do you know him or her? _____ For how long? _____

Name: _____ **Phone** _____

How do you know him or her? _____ For how long? _____

Availability for employment: (list the hours you can work)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Are there any days and/or times you are NOT available? _____

APPLICANT CERTIFICATION, RELEASE OF INFORMATION, AND AUTHORIZATIONS

I certify that all information submitted on this application is true and complete to the best of my knowledge. I understand that any false or incorrect information may subject me to disqualification or dismissal. I, the undersigned, do hereby authorize the City of Springfield and/or its designated provider to conduct an investigation with respect to my application for employment and release the City, my former employers, and personal references from any liability for damage caused by giving and receiving information or opinions as to my qualifications, employment or character. I agree to hold the City harmless and in no event shall the City be liable to me for special, indirect or consequential damages for the refusal of employment due to information obtained during my background security check. Any information obtained through former employers and/or personal references will become the property of the City of Springfield. I authorize the City of Springfield, Missouri, or its designated provider to perform pre-employment urine drug screening. I understand that I must successfully pass the drug screening in order to be eligible to begin employment with the City of Springfield. I understand that I may request a copy of the City's Substance Abuse Policy.

APPLICANT SIGNATURE: _____ **DATE:** _____

The City of Springfield is committed to workforce diversity and a drug-free workplace. Pre-employment drug testing is required. Women, minorities, and individuals with disabilities are encouraged to apply. All qualified applicants will receive consideration for employment without regard to race, color, religion, sex, national origin, or disability.

****For Supervisor Use Only -- After job offer is made -- Make sure information is legible****

Name of applicant:	Date of Birth:	Gender:	Social Security #:
Planned Start Date:	Name and phone number of hiring supervisor:	Date faxed to 864-1609:	