



2018 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:(____)____
Address: _____ Phone:(____)____
Email Address: _____ Unique Identifier: _____
Age range: 14-15 _____ 16-17 _____ 18+ _____

Are you a United States citizen? YES _____ NO _____
Number: _____ Expiration Date: _____

Please list all education, training, and licensures that you feel is applicable for the position including license number(s), and expiration date(s).
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 _____
Have you been employed in another department of the City of Springfield? Yes _____ No _____
Do you have any relatives working for the City of Springfield? Yes _____ No _____
Do you currently serve on a City Board or Committee? Yes _____ No _____

References are required. List TWO references. Family member used as reference contacts will not be accepted.
Name: _____ Phone _____
Name: _____ Phone _____

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 ____/____/____

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 hereby certify that all the statements and answers set forth on the application form and/or my resume are true and complete to the best of my knowledge, and I understand that if prior to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions will be just cause for the denial of employment. I also understand that if subsequent to employment any such statements and/or answers are found false or that information has been omitted, such false statements or omissions may be just cause for termination of my employment. Further, I understand that by requesting this information, no promise of employment is being made. 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 my qualifications and fitness for the position I have applied for and for employment with the City. I release the City, my former employers, and personal references from any liability or damage caused by giving and receiving information or opinions as to my employment or character. Information obtained may include residential, achievement, job performance, attendance, employment history, personal and professional references, credit reports, driving records, and criminal history records. 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 property of the City of Springfield and will be considered confidential. I understand that all application materials and supplemental information submitted becomes the property of the City of Springfield and will not be returned to me or any requesting agency. I waive any claims for the right to view and/or copy any information obtained through investigation of my character and employment history. 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 I have the right to request a copy of the City's Substance Abuse Policy. I understand that if I have questions regarding any portion of the employment procedure, I have the right to contact the Human Resources Department for clarification.

APPLICANT SIGNATURE: _____ **DATE:** _____

Equal Opportunity Employer/Disability and Vet

Individuals with disabilities should request reasonable accommodations in accordance with the American with Disabilities Act prior to testing or appointment. Proof of United States Citizenship/Authorization to Work in The United States as established by the Immigration Reform Act of 1986 is a condition of employment. Pre-employment drug testing required.

****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: