



# 2010 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:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ **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) and relationship: \_\_\_\_\_

**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: |