



Shore Metropolitan Park District APPLICATION FOR EMPLOYMENT

The Shore Metropolitan Park District is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state or local law.

INSTRUCTIONS FOR COMPLETING THIS APPLICATION

- One application for EVERY POSITION for which you are applying. We require the original application even if you fax your application to us. *Complete the application thoroughly.*
- Your answers determine whether you will be considered. We will not accept "See Resume." Resumes may be used to supplement an application but may not be used in lieu of completing the application form.
- Applications that are incomplete will not be accepted.
- Be sure to sign your name and enter the date you signed it where the application asks. Original signature is required.
- Keep a copy of your application and any attachments because what you submit will not be returned.
- Only applicants who are interviewed will receive notice of selection.
- If you require a reasonable accommodation to complete the employment application process, please advise.
- Provide all information requested by printing in ink or typing. Use the 'TAB' key to move through the document.

GENERAL INFORMATION

Name (Last)	(First)	(Middle Initial)	Home Telephone () -
Address (Mailing Address)	(City)	(State)	(Zip) Other Telephone () -
E-Mail Address	Are you legally entitled to work in the U.S.? Yes No		

POSITION

Position(s) Or Type of Employment Desired	Will Accept: Part-Time Full-Time Temporary	Shift: Day Swing Graveyard Rotating
Are you able to perform the essential functions of the job you are applying for, with or without reasonable accommodation? Yes No		
Salary/Wage Desired	Date Available	

EDUCATION AND TRAINING

High School Graduate or General Education (GED) Test Passed? Yes No
If no, list the highest grade completed

College, Business School, Military (Most recent first)

Name and Location	Dates Attended Month/Year	Credits Earned		Graduate	Degree & Year
	Quarterly of Semester Hours		Other (Specify)		
	From			Yes No	
	To				
	From			Yes No	
	To				

Lifeguard Certification	Number	Where Issued
ARC/AED/CPR Certification	Number	Where Issued
Water Safety Instructor	Number	Where Issued
Pool Operator Certificate	Number	Where Issued
Other Certificates	Number	Where Issued
Languages Read, Written or Spoken Fluently Other Than English		

VETERAN INFORMATION (Most recent)

Branch of Service	Date of Entry	Date of Discharge
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SPECIAL SKILLS (List all pertinent skills to jobs applying for and equipment that you can operate)

(Maximum 300 characters)

CRIMINAL CONVICTIONS

The Shore Metropolitan Park District is mindful of its obligation to employ qualified persons and its entitlement under law to consider an applicant's convictions record as it relates to job performance. A conviction record will not disqualify you for employment unless such record would reasonably affect your fitness for the job for which you have applied. Have you been convicted of a felony or released from prison within the last ten (10) years, or have been convicted of a misdemeanor other than minor traffic offenses within the past three (3) years? YES NO

If Yes, Please Provide Details Regarding the Crime and the Sentence or Fine Imposed:

WORK EXPERIENCE (Most Recent First) (Include voluntary work and military experience)

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason for Leaving
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
		Reason for Leaving

Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer? Yes No
Employer	Telephone Number () -	From (Month/Year)
Address		
Job Title	Number Employees Supervised	To (Month/Year)
Specific Duties (Maximum 350 characters)		Hours Per Week
		Last Salary
		Supervisor
Reason for Leaving		May We Contact This Employer? Yes No

Please list 3 personal references of people not related to you: Coach, Teacher, Pastor, Neighbor

Reference	Relationships	Phone/Email Contact

To the best of my knowledge, the information herein is true and complete. I have read the Position Opening Announcement and I can perform the essential functions of the position for which I am applying, with or without reasonable accommodation. I understand that if I receive a Conditional Offer of Employment for a position where I will have unsupervised access to children, developmentally disabled persons, or vulnerable adults, the Shore Metropolitan Park District is authorized to complete a thorough background check pursuant to the Child/Adult Abuse Information Act. As part of its background investigation, the District may obtain a consumer report from a consumer reporting agency because your credit information is considered job related. I understand that I will be tested for the presence of drugs as part of the pre-employment screening if I receive a Conditional Offer of Employment for a position which requires a Commercial Driver's License. I authorize investigation of all statements in this application.

I certify the information contained in this application is true, correct, and complete. I understand that, if employed, false statements reported on this application may be considered sufficient cause for dismissal.

Signature of Applicant _____ **Date** _____

SMPD is an Equal Opportunity Employer



AUTHORIZATION FOR RELEASE OF INFORMATION AND WAIVER AGREEMENT

As an applicant for employment with the Shore Metropolitan Park District (District), I hereby authorize the District or any of its representatives to thoroughly investigate my background, including employment, criminal, civil, and credit as it relates directly to the position for which I am applying. I understand this investigation is in the interest of protecting the District and its employment practices, and that all relevant information concerning my personal and employment history will be disclosed in confidence to the District.

A representative of the District bearing this release is authorized to obtain information in files pertaining to my employment, criminal, civil, and credit history, and I authorize any recipient of this release to make full disclosure of those files, whether public or private.

I hereby release the District and any agency or other party providing information to the District as a result of this background investigation, from all liability or damages that may result from furnishing the information requested, including any liability or damage pursuant to any local, state, or federal laws. If hired, I release the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of any kind: from me, my heirs, family, or associates because of good faith compliance with this authorization.

I understand my rights under Title V - United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records. I hereby waive those rights with the understanding that information provided is to be used solely by the District in conjunction with valid employment procedures.

A photocopy or facsimile copy of this authorization will be valid as the original form, which contains my actual signature. This authorization and waiver are valid for a period of one year from the date signed, unless I obtain employment by the District, in which case it shall be valid for the length of my employment. I understand the District may conduct periodic searches of driver's license records, criminal, civil, and credit history as it pertains directly to my employment.

I agree to indemnify and hold harmless the person to whom this request, and authorization is presented, including the agency/company, from and against all claims, damages, losses and expenses, including reasonable attorney's fees, arising out of or by reason of complying with this request.

Signature

Date



Consent to Criminal Background Check

I hereby consent to a criminal background check and authorize the release of any information to [company name here]. I hereby release the company, its divisions, affiliates, and anyone acting on their behalf from any and all claims or liabilities of any nature arising from or related to the preparation and disclosure of the information contained in the criminal background report.

I do not consent to a criminal background check.

Name (please print)

Signature

Date



Authorization to Obtain Credit Report

As part of its background investigation, the Shore Metropolitan Park District (District) may obtain a consumer report from a consumer reporting agency because your credit information is considered job related or is otherwise required by law. The specific job-related reason(s) the District is obtaining credit information regarding you is

- Access to cash
- Access to checks
- Access to credit
- Responsible for receiving and depositing checks
- Responsible for issuing checks
- Access to personal data records (including social security #s)
- Unsupervised access to children and/or vulnerable adults

Your consumer report may include details or reveal information regarding your creditworthiness, credit standing, credit capacity, character, general reputation, personal characteristics, or mode of living.

The following requirements apply to the District request for your consumer report.

1. The District will use the report only for employment purposes.
2. Upon written request, the District will provide you with a publication entitled "A Summary of Your Rights under the Fair Credit Reporting Act."
3. Before making any adverse employment, decision based, in whole or in part, of the contents of your consumer report, the District will provide you with a copy of your consumer report, and a publication entitled "A Summary of Your Rights under the Fair Credit Reporting Act."

After receiving your consumer report, you must contact the District within two weeks if you believe that the consumer report contains information that is inaccurate or incomplete. Your submission will then be provided to the consumer reporting agency, which will review, consider, and/or investigate the information on your submission before a final decision is made by the District on your application.

4. If the District makes an adverse employment decision based, in whole or in part, or the contents of your consumer report, the District will provide you with a "Notice of Adverse Action" informing you that a final decision has been made, along with another copy of a publication entitled "A Summary of Your Rights under the Fair Credit Reporting Act."
5. Your authorization allowing the District to obtain a consumer report about you is a condition for further consideration of your application for employment.

Before the District can obtain a consumer report about you, you must give your consent in writing. Your signature below confirms that you have read the above section completely. Please also complete the section below, in which you give your consent.

I, _____ (print name) have read and understand the above disclosure.

Date: _____ Signature: _____

AUTHORIZATION TO OBTAIN A CONSUMER REPORT

By signing below, I, _____, acknowledge that I have read the above document, entitled "FAIR CREDIT REPORTING ACT, Applicant Disclosure and Authorization." I hereby voluntarily authorize the District to obtain a consumer report about me from a consumer reporting agency, which may include information about my credit worthiness, credit standing, credit capacity, or mode of living. I also authorize the District to consider this report when making decisions regarding my employment at the District and that I have rights under the Fair Credit Reporting Act, including the rights discussed above.

I agree that a photocopy or telephonic facsimile of this authorization shall be as valid as the original.

Date: _____ Signature: _____