

We consider all applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

| POSITION APPLYING FOR:  |                  |        |    |  |                    |                  |  |  |
|---|------------------|--------|----|--|--------------------|------------------|--|--|
| HOW DID YOU LEARN ABOUT US? ADVERTISEMENT FRIEND/RELATIVE WEBSITE EMPLOYMENT AGENCY OTHER   |                  |        |    |  |                    |                  |  |  |
| PERSONAL INFORMATION  |                  |        |    | Have you ever been employed with us before? YES NO |                    |                  |  |  |
| LAST NAME:  |                  |        |    | If yes, please provide date (month & year)         |                    |                  |  |  |
| FIRST NAME:   |                  |        |    | Date you are available to begin work:              |                    |                  |  |  |
| ADDRESS:  |                  |        |    | Are you available to work:                         |                    |                  |  |  |
| CITY:   | STATE:           |        |    | Full Time Part Time Seasonal Temporary             |                    |                  |  |  |
| ZIP CODE:   | PHONE:           |        |    |  |                    |                  |  |  |
| EMAIL:  |                  |        |    | Are you currently on lay-off status and            |                    |                  |  |  |
| Are you at least 18 years of age? YES NO  |                  |        |    | Can you travel if the job requires it? YES NO      |                    |                  |  |  |
| Are you currently employed?   | ?                | YES NO |    |  |                    |                  |  |  |
| Are you prevented from becoming lawfully  |                  |        |    |  | r                  |                  |  |  |
| EDUCATION   |                  |        |    | ,  |                    |                  |  |  |
|   | NAME & CITY OF S | CHOOL  | СО | URSE OF STUDY                                      | YEARS<br>COMPLETED | DIPLOMA / DEGREE |  |  |
| HIGH SCHOOL   |                  |        |    |  |                    |                  |  |  |
| UNDERGADUATE<br>COLLEGE   |                  |        |    |  |                    |                  |  |  |
| GRADUATE SCHOOL   |                  |        |    |  |                    |                  |  |  |
| OTHER   |                  |        |    |  |                    |                  |  |  |
| Describe any job related training received in the U.S. military.                            |                  |        |    |  |                    |                  |  |  |
| Describe any specialized training, skills, apprenticeships, and extracurricular activities. |                  |        |    |  |                    |                  |  |  |

(List present or most recent experience first)

| 1 EMPLOYER NAME & ADDRESS   |  | POSITION/TITLE   |                      |  |  |  |
|---|--|--|----------------------|--|--|--|
|   |  | DATE EMPLOYED FROM   | DATE EMPLOYED TO     |  |  |  |
|   |  | STARTING SALARY  | ENDING SALARY        |  |  |  |
| EMPLOYER PHONE  |  | SUPERVISOR NAME  |                      |  |  |  |
| REASON FOR LEAVING  |  |  |                      |  |  |  |
|   |  |  |                      |  |  |  |
| 2 EMPLOYER NAME & ADDRESS   |  | POSITION/TITLE   |                      |  |  |  |
|   |  | DATE EMPLOYED FROM   | DATE EMPLOYED TO     |  |  |  |
|   |  | STARTING SALARY  | ENDING SALARY        |  |  |  |
| EMPLOYER PHONE  |  | SUPERVISOR NAME  |                      |  |  |  |
| REASON FOR LEAVING  |  |  |                      |  |  |  |
|   |  |  |                      |  |  |  |
| 3 EMPLOYER NAME & ADDRESS   |  | POSITION/TITLE   |                      |  |  |  |
|   |  | DATE EMPLOYED FROM   | DATE EMPLOYED TO     |  |  |  |
|   |  | STARTING SALARY  | ENDING SALARY        |  |  |  |
| EMPLOYER PHONE  |  | SUPERVISOR NAME  |                      |  |  |  |
| REASON FOR LEAVING  |  |  |                      |  |  |  |
|   |  |  |                      |  |  |  |
| 4 EMPLOYER NAME & ADDRESS   |  | POSITION/TITLE   |                      |  |  |  |
|   |  | DATE EMPLOYED FROM   | DATE EMPLOYED TO     |  |  |  |
|   |  | STARTING SALARY  | ENDING SALARY        |  |  |  |
| EMPLOYER PHONE  |  | SUPERVISOR NAME  |                      |  |  |  |
| REASON FOR LEAVING  |  |  |                      |  |  |  |
| OTHER QUALIFICATIONS & SPECIALIZED SKILLS (Summarize special job-related skills such as with computers and software, machinery, carpentry, CDL, etc., acquired from employment or other experience)  State any additional information you feel may be helpful to us in considering your application | RANGER APPLICANTS ONLY—CHECK IF <b>OPOTA</b> CERTIFIED |  |                      |  |  |  |
| applying: Are you capable of perfo  | orming in a reasonabl                                  | med about the requirements of the po<br>e manner, with or without a reasonab<br>lave applied? A description of the activ | e accommodation, the |  |  |  |

| REFERENCES  |   |   |                                |
|---|---|---|--------------------------------|
| NAME/TITLE:   |   |   |                                |
| PHONE NUMBER:   |   |   |                                |
| ADDRESS:  |   |   |                                |
|   |   |   |                                |
| NAME/TITLE:   |   |   |                                |
| PHONE NUMBER:   |   |   |                                |
| ADDRESS:  |   |   |                                |
|   |   |   |                                |
| NAME/TITLE:   |   |   |                                |
| PHONE NUMBER:   |   |   |                                |
| ADDRESS:  |   |   |                                |
| List professional, trade, business or civic activities and offices held. You may exclude organizations that indicate race, religion, gender, national origin, disabilities or other protected statuses. |   |   |                                |
| APPLICANT'S STATEN  | M E N T   |   |                                |
| by me in this application will be suffave been employed. Furthermore  | ficient cause for cancellation of th<br>, I understand that just as I am fre-<br>time, with or without cause and wi | of my knowledge. It is understood and is application and/or separation from e to resign at any time, Geauga Park ithout prior notice. I understand that | District reserves the right to |
| -   | eby release from liability Geauga P   | to secure additional information abo<br>Park District and its representatives for<br>rmation.   |                                |
| -   |   | District does not discriminate in empant's consideration for employment   |                                |
| SIGNATURE:  |   |   | DATE:                          |
| (electronic or written)   |   |   |                                |
| Print form and mail to: Geauga Park   | s District—Attention Human Resou  | rces, 9160 Robinson Road, Chardon, C  | Dhio 44024-9148                |
| Or save as a pdf and email to gpdjok  |   |   |                                |
| Or fax a printed copy to 440-214-30   |   |   |                                |