

APPLICATION FOR EMPLOYMENT



JOHNSON COUNTY
PARK & RECREATION
DISTRICT

• **ACCOMMODATIONS:** The Americans with Disabilities Act of 1990 ensures you the right to reasonable accommodations. A request for an accommodation will not affect your opportunities for employment with Johnson County Park and Recreation District. Arrangements will be made if you have a disability that requires an accommodation for completing an application form, interviewing or any other part of the employment process. It is your responsibility to make your needs known to the Human Resources Department at (913) 438-7275 or the department in which you are applying.

• The Johnson County Park and Recreation District is an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, national origin, age, sex, religion, disability, or other protected classifications.

RETURN TO: **Johnson County Park & Recreation District
Human Resources Department**
7900 Renner Rd., Shawnee Mission, KS 66219
Phone: (913) 438-7275 Fax: (913) 894-3395
Job Line: (913) 312-8845 Website: www.jcprd.com

PLEASE PRINT

Position Desired: _____ Date: _____
 Second Choice: _____ Days and Hours Available: _____
 Location Desired: _____ Date Available: _____
 Salary Desired: _____ Full-Time Part-time

PERSONAL INFORMATION

Name: _____ SS#: _____ - _____ - _____
 Present Address: _____
 Permanent Address (if different): _____
 Home Phone: _____ - _____ - _____ Work Phone: _____ - _____ - _____
 Cell Phone: _____ - _____ - _____ Email: _____

Have you ever been employed by the Johnson County Park and Recreation District? Yes No
 Do you have any relatives currently employed by the District? Yes No
 If yes, list relative's name: _____

Have you ever been convicted of a felony? Yes No
 If yes, please explain. (Convictions are evaluated for each position and are not necessarily disqualifying for employment.)

Do you have consistent and reliable transportation? Yes No
 Do you have a valid driver's license if the job requires it? Yes No
 Do you have a Commercial Driver's License (CDL) if the job requires it? Yes No
 Are you age 18 or over? Yes No
 Do you meet the minimum age requirement for the position? Yes No
 Are you currently authorized to work in the United States? Yes No (Proof of eligibility will be required if hired.)
 How did you learn about this position?: Newspaper External Website JCPRD Website
 Other (Please specify): _____

EMPLOYMENT HISTORY

Listing the most recent first, complete for at least the last five (5) years.

1	Employer	Dates Employed From: To:	Briefly, Explain Duties
	Address		
	Telephone Number(s)		
	Job Title	Salary	Reason for Leaving
	Supervisor		May We Call for References?

2	Employer	Dates Employed From: To:	Briefly, Explain Duties
	Address		
	Telephone Number(s)		
	Job Title	Salary	Reason for Leaving
	Supervisor		May We Call for References?

3	Employer	Dates Employed From: To:	Briefly, Explain Duties
	Address		
	Telephone Number(s)		
	Job Title	Salary	Reason for Leaving
	Supervisor		May We Call for References?

4	Employer	Dates Employed From: To:	Briefly, Explain Duties
	Address		
	Telephone Number(s)		
	Job Title	Salary	Reason for Leaving
	Supervisor		May We Call for References?

5	Employer	Dates Employed From: To:	Briefly, Explain Duties
	Address		
	Telephone Number(s)		
	Job Title	Salary	Reason for Leaving
	Supervisor		May We Call for References?

OTHER CONTRIBUTING EXPERIENCE

(Volunteer Experience, Military Service, Internships, etc.)

EDUCATION HISTORY

EDUCATION	School Attended & Location	Years	Major	Degree / Diploma
High School		- NA -	- NA -	
College or University				
College or University				
Trade, Business or Correspondence				
Other				

If you did not complete high school, do you have a GED? Yes No

SKILLS INVENTORY

Please check ALL boxes that apply, and use lines to list details.

<input type="checkbox"/> Typing - WPM <i>(words per minute)</i> _____ <input type="checkbox"/> Personal Computer <input type="checkbox"/> Software <i>(list below)</i> _____ _____ _____ _____ _____ <input type="checkbox"/> Calculator <input type="checkbox"/> Switchboard <input type="checkbox"/> Filing <input type="checkbox"/> Cashiering <input type="checkbox"/> General Accounting <input type="checkbox"/> Data Entry	<input type="checkbox"/> Programming Languages <i>(list below)</i> _____ _____ _____ <input type="checkbox"/> Foreign Languages <i>(fluent list below)</i> _____ _____ <input type="checkbox"/> Drafting <input type="checkbox"/> Autocad <input type="checkbox"/> Surveying <input type="checkbox"/> Construction Inspection <input type="checkbox"/> Read Blue Prints <input type="checkbox"/> Dispatching <input type="checkbox"/> Truck Driver <1.5t <input type="checkbox"/> Truck Driver >1.5t <input type="checkbox"/> Backhoe-Loader	<input type="checkbox"/> Grader <input type="checkbox"/> Farm Tractor <input type="checkbox"/> Trencher <input type="checkbox"/> Bull Dozer <input type="checkbox"/> HVAC <input type="checkbox"/> Welding <input type="checkbox"/> Plumbing <input type="checkbox"/> Electrical <input type="checkbox"/> Carpentry <input type="checkbox"/> Vehicle Maintenance <input type="checkbox"/> Concrete Work <input type="checkbox"/> Asphalt Work <input type="checkbox"/> Other <i>(list below)</i> _____ _____ _____
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I hereby certify that the information in this application is true and correct, and I authorize the investigation of all statements contained in this application. I understand that the misrepresentation or omission of facts called for is cause for dismissal or refusal to hire, and that nothing has been withheld that would affect my employment. If employed, I understand that I must furnish information required pertaining to birthday, sex, race, citizenship, marital status and number of dependants, and will agree to conform to the rules and regulations of the District. Further, I understand that my employment and compensation can be terminated with or without cause, and with or without notice, at any time, at the option of either Johnson County Park and Recreation District, or myself.

I hereby acknowledge that I have read and understand the above statements.

Signature

Date

REFERENCES

Give the names of three (3) persons, not related to you, whom you have known at least one (1) year.

1	NAME	Phone Number(s)	Business(es)	Years Acquainted
		<small>(List at least one number)</small> Home:		
		Work:		
		Cell:		

2	NAME	Phone Number(s)	Business(es)	Years Acquainted
		<small>(List at least one number)</small> Home:		
		Work:		
		Cell:		

3	NAME	Phone Number(s)	Business(es)	Years Acquainted
		<small>(List at least one number)</small> Home:		
		Work:		
		Cell:		

FOR DEPARTMENT USE ONLY

Arrange Interview? Yes No Position: _____
 Job Description/Essential Functions Presented? Yes No
 If Yes, How Was it Presented? Orally Written Date Presented: _____

REMARKS: _____

Interviewer: _____ Date: _____