



The Olander Park System

Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: () _____ E-mail Address: _____

Date Available: _____ Social Security No.: _____ Are you 18 Years or older? YES NO

Position Applied for: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for The Olander Park System? YES NO If so, when? _____

Have you ever been convicted of a felony? YES NO

If yes, explain: _____

Education

High School: _____ City/State: _____ Did you graduate? YES NO

College: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

Other: _____ Address: _____

From: _____ To: _____ Did you graduate? YES NO Degree: _____

References

Please list three personal references. Do not include family members or previous employers.

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Full Name: _____ Relationship: _____

Address: _____ Phone: () _____

Special Skills and Qualifications:

summarize special skills and qualifications acquired from employment or other experience

Previous Employment

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Company: _____ Phone: (____) _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____
Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____
YES NO
May we contact your previous supervisor for a reference?

Military Service

Branch: _____ From: _____ To: _____
Rank at Discharge: _____ Type of Discharge: _____
If other than honorable, explain: _____

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

I understand The Olander Park System (TOPS) may require post-offer pre-employment physical exams, which may include alcohol, drug and substance abuse screening, and I hereby consent to such an exam and authorize the release of the results of such examination to TOPS. I understand that any offer of employment to me is contingent on the results of this exam and that further TOPS will not employ any applicant who tests positive in substance abuse screening. I further understand that if I begin employment before TOPS receives the results of my examination, my employment is contingent upon said results.

I understand that acceptance of an offer of employment does not create a contractual obligation upon TOPS to continue to employ me in the future and that TOPS development and dissemination of policies and procedures are intended only to inform and not create an implied contract. I further understand that no supervisor or any other employee, other than the Director, has the authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing and that such agreement is not binding upon TOPS unless its terms have been reduced to writing. I understand that I am required to abide by all rules and regulations if I am employed and that if I am offered employment and accept, this Application form becomes part of the terms and conditions of my employment. I understand that the position I am applying for is seasonal in nature and that regardless of the number of hours or the length of time of my employment the only way I may become a regular employee is if I apply for, receive and accept a written offer for regular employment.

I hereby authorize investigation of all statements of the Application and request any company, institution, or persons contacted as part of an investigation to provide any and all pertinent information and to assure their cooperation, I hereby release them from all liability for damages that may result from furnishing the same to TOPS.

Signature: _____ Date: _____