## Ashtabula Township Park Commission Application for Employment

PERSONAL INFORMATION				DATE			
			SOCIAL SECURITY				
NAME	FIRST		CQIM	LE	NUMBER		
DDECENIT ADDDECC							
PRESENT ADDRESS	STREET			CITY		STATE	
PERMANENT ADDRESS							
	STREET			CHY		STATE	
PHONE NO.		ARE Y	OU 18 \	YEARS OR OLD	DER? Yes □	No 🗆	
	M LAWFULLY BECOMING EMPLO SE OF VISA OR IMMIGRATION STA		Yes		No 🗆 _		
EMPLOYMENT DES	IRED						
DOCITION		DATE YOU		SALARY			
PUDITIUIV (also check list helow)	SITION (also check list below)		CAN START		DESIRED		
ARE YOU EMPLOYED NOW?  IF SO MAY WE OF YOUR PRES					EINQUIRE SENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?			WHERE?		WHEN?		
REFERRED BY							
TELLINES BY							
EDUCATION	NAME AND LOCATION OF SCHO		DL	*NO OF YEARS ATTENDED	* DID YOU GRADUATE?	SUBJECTS STUDIL	
GRAMMAR SCHOOL							
HIGH SCHOOL	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -						
COLLEGE		3.000			-		
TRADE, BUSINESS OR CORRESPONDENICE SCHOOL							
GENERAL SUBJECTS OF SPECIAL S	TUDY OR RESEARCH WORK						
COBULCTO OF GILLONE C	TOOT OF THE OLARIOTT WORK						
SPECIAL SKILLS		-	4				
ACTIVITIES: (CIVIC, ATHLE EXCLUDE ORGANIZATIONS, THE	ETIC. ETC.) NAME OF WHICH INDICATES THE RACE.	CREED,	SEX, AGE,	MARITAL STATUS	6, COLOR OR NATION	I OF ORIGIN OF ITS MEMBER:	
U.S. MILITARY OR NAVAL SERVICE RANI			PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES				
Type of Employment Consider			1111-12-25				
Full-Time Administrative Full-Time N Part-Time Administrative Part-Time N Seasonal/Temporary Administrative Seasonal/Te Any Administrative Any Mainte			e		Lifeguard  Certification	Pool Open Water No Certifiacation	

FORMER EMPLOYER	S (LIST BELOW LAST THREE EMPLOYERS,	STARTING WITH LA	AST ONE FIRST).					
DATE MONTH AND YEAR	NAME AND ADDRESS OF EMPLOYER	SALARY	POSITION	REASON FOR LEAVING				
FROM								
TO								
FROM								
то								
FROM								
TO								
FROM								
то								
WHICH OF THESE JOBS	DID YOU LIKE BEST?							
WHAT DID YOU LIKE MO	ST ABOUT THIS JOB?							
REFERENCES: GIVE T	HE NAMES OF THREE PERSONS NOT RELAT	ED TO YOU, WHON	YOU HAVE KNOWN	N AT LEAST ONE YEAR.				
NAN	/IE ADDRES	S	BUSINESS	YEARS ACQUAINTED				
1								
2								
3								
ANY FALSE INFORMATI EMPLOYED, MY EMPLOYED, MY EMPLOYED, MY EMPLOYMENT AND CO EITHER MY OR THE COI MAY BE CHANGED, WI NO COMPANY REPRESI HAS ANY AUTHORITY TAGREEMENT CONTRAR	HE INFORMATION SUBMITTED BY ME ON THIS ON, OMISSIONS, OR MISREPRESENTATIONS AF INFORMATED AT ANY TIME. MY EMPLOYMENT, I AGREE TO CONFORM TO MPENSATION CAN BE TERMINATED, WITH OR MPANY'S OPTION. I ALSO UNDERSTAND AND ATTH OR WITHOUT CAUSE, AND WITH OR WITH ENTATIVE, OTHER THAN IT'S PRESIDENT, AND TO ENTER INTO ANY AGREEMENT FOR EMPLOY BY TO THE FOREGOING."	RE DISCOVERED, MY THE COMPANY'S RU WITHOUT CAUSE, A AGREE THAT THE TE OUT NOTICE, AT AN' THEN ONLY WHEN	APPLICATION MAY E ILES AND REGULATION AND WITH OR WITHO RMS AND CONDITION Y TIME BY THE COMP IN WRITING AND SIGI	BE REJECTED AND, IF I AM  NS, AND I AGREE THAT MY  UT NOTICE, AT ANY TIME, AT  IS OF MY EMPLOYMENT  ANY. I UNDERSTAND THAT  NED BY THE PRESIDENT,				
DATE	SIGNATURE							
INITED VIEW ICO DV	DO NOT WRITE E	BELOW THIS LINE		DATE				
INTERVIEWED BY				DATE				
REMARKS:				,				
NEATNESS	ABILITY							
HIRED: ☐ Yes ☐ N	o POSITION	POSITION DEPT.						
SALARY/WAGE	DATE REPORTING TO WORK							
APPROVED: 1.	2. MPLOYMENT MANAGER D	EPT. HEAD	3	NERAL MANAGER				
E	VIFLUTIVILINT IVIAINAUCES U	LI I. DLAD	GE	IVENAL IVIANADER				

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting employment discrimination. This Application for Employment Form is sold for general use throughout the United States. TOPS assumes no responsibility for the inclusion in said form of any questions which, when asked by the Employer of the Job Applicant, may violate State and/or Federal Law.