

Name: \_\_\_\_\_ Email \_\_\_\_\_  
 (For Contact Use Only)

Home Address: \_\_\_\_\_  
 Number Street City County State Zip Phone/Cell

Current Address: \_\_\_\_\_  
 (If Different) Number Street City County State Zip Phone

**POSITION(S) DESIRED:** \_\_\_\_\_ If not available all days and shifts, please indicate when you are available to work:

1) \_\_\_\_\_ Sunday From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

2) \_\_\_\_\_ Monday From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

3) \_\_\_\_\_ Tuesday From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Year-round Full-Time? \_\_\_\_\_ Wednesday From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Year-round Part-Time? \_\_\_\_\_ Thursday From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Summer? \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_ Friday From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Pay Rate/Salary Desired \_\_\_\_\_ Saturday From: \_\_\_\_\_ AM/PM To: \_\_\_\_\_ AM/PM

Do you have reliable transportation? \_\_\_\_\_ How did you learn of this job opening? \_\_\_\_\_

Do you have a valid driver's license? \_\_\_\_\_

<b>EDUCATION</b>												
Draw a circle around the highest grade completed: 1 2 3 4 5 6 7 8 9 10 11 12 College: 1 2 3 4												
<u>NAME AND LOCATION OF SCHOOL</u>				<u>DID YOU GRADUATE?</u>				<u>MAJOR SUBJECTS</u>				
High School:												
Address:												
College, Technical, or Professional School:												
Address:												
Graduate School:												
Address:												
Other:												
Address:												

Are you under the age of 18? \_\_\_\_\_ If yes, state your age: \_\_\_\_\_ If yes, can you furnish a work permit? \_\_\_\_\_

Have you ever been convicted of a crime within the last 5 years? \_\_\_\_\_  
 A criminal conviction will not necessarily disqualify the applicant from being hired. Falsification of information in the application process will be considered grounds to reject a candidate or terminate employment.

Have you worked for the Wheeling Park Commission before? \_\_\_\_\_

Do you have a legal right to work in the United States? \_\_\_\_\_

Are you able to perform the essential job duties with or without reasonable accommodation? \_\_\_\_\_

**COMPLETE WORK HISTORY STARTING WITH CURRENT POSITION**  
(PLEASE COMPLETE ALL BLANKS EXCEPT REFERENCE CHECK)

**PRESENT EMPLOYER**

1) Employer's Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_ **Email** \_\_\_\_\_  
(For Contact Information Only)  
Phone: (Area Code) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Pay Rate, Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reference Check: \_\_\_\_\_  
May we contact your present employer? \_\_\_\_\_

2) Employer's Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_ **Email** \_\_\_\_\_  
(For Contact Information Only)  
Phone: (Area Code) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Pay Rate, Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reference Check: \_\_\_\_\_

3) Employer's Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_ **Email** \_\_\_\_\_  
(For Contact Information Only)  
Phone: (Area Code) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Pay Rate, Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reference Check: \_\_\_\_\_

4) Employer's Name: \_\_\_\_\_  
Full Address: \_\_\_\_\_ **Email** \_\_\_\_\_  
(For Contact Information Only)  
Phone: (Area Code) \_\_\_\_\_ Reason for Leaving: \_\_\_\_\_  
Position(s) Held: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_  
Dates Employed: \_\_\_\_\_ to \_\_\_\_\_  
Pay Rate, Starting: \_\_\_\_\_ Ending: \_\_\_\_\_  
Reference Check: \_\_\_\_\_

**LIST TWO PERSONAL REFERENCES OTHER THAN RELATIVES:**

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Email Address \_\_\_\_\_  
(For Contact Information Only)

Email Address \_\_\_\_\_  
(For Contact Information Only)

Reference Check: \_\_\_\_\_

Reference Check: \_\_\_\_\_

Do you have any additional qualifications or experiences relevant to the job(s) for which you are applying (e.g. military experience, word processing, computer training, accounting, food service, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*

By signing your name below, you certify that all statements made by you on this application are true and complete to the best of your knowledge and that you have withheld nothing that would affect this application unfavorably. By signing your name below, you acknowledge that you understand that misrepresentations or omissions may be cause for rejection of your application, or may be cause for subsequent dismissal if you are hired.

In connection with this application and my continued employment, if hired, it has been disclosed to me that an investigative consumer report, including information as to my character, may be made.

I understand that in the event I am hired by the Wheeling Park Commission to operate a motor vehicle and I am required to have a commercial driver's license (CDL), that I will be required, pursuant to federal law to submit to drug and alcohol testing.

By signing your name below, you understand that nothing unless otherwise provided in writing by the Chief Executive Officer, the employment relationship with all employees of the Wheeling Park Commission is considered to be employment-at-will. The term "employment-at-will" means that both parties to the employment relationship - the employee and the Park Commission - may terminate the relationship at any time with or without cause. In other words, an employee may terminate his/her employment relationship with the Park Commission at any time without having a reason and the Park Commission may also terminate the employment relationship with the employee at any time with or without a reason. You further understand that no representative of the Wheeling Park Commission, other than the Director of Human Resources, has any authority to enter into any agreement with you for any specified period of time or to guarantee some other personnel move or benefit. You understand that this entire statement applies to the period to or after you may be employed. I understand that any misstatement or omission of fact from this application shall be considered cause for dismissal at the discretion of the Wheeling Park Commission.

The Wheeling Park Commission does not discriminate in hiring. All applicants are considered without regard to race, color, religion, sex, age, national origin, sexual orientation, veteran status, disability or any status which is protected by state or federal law. No questions on this application are intended to be used for such discrimination.

I understand my application will remain active for three months, after that I must reapply.

Dated: \_\_\_\_\_ Applicant Signature: \_\_\_\_\_

**APPLICANT – DO NOT WRITE ON THIS PAGE**  
**(To be completed ONLY after hiring.)**  
**POST EMPLOYMENT INFORMATION (Must be complete for processing)**

1) Sex: M F Phone #: \_\_\_\_\_

2) Date of Birth: \_\_\_\_\_ Preferred Name: \_\_\_\_\_

3) Marital Status: Single Married Divorced Widowed Separated

4) List all dependents in your immediate family. (Only those claimed on your tax return. This is for ID Card purposes.)

Spouse: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Children: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Date of Birth: \_\_\_\_\_

5) Person to be contacted in case of emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone (home) \_\_\_\_\_ (work) \_\_\_\_\_

6) Race: CIRCLE ONE (Hispanic or Latino, American Indian or Alaskan Native, Asian, Black or African American, Native Hawaiian or other Pacific Islander, White, Two or More Races)

7) Have you ever drawn Workers' Compensation benefits? \_\_\_\_\_ Give details: \_\_\_\_\_

8) Department Number:

Job Title: \_\_\_\_\_

Department Name: \_\_\_\_\_ Director Number: \_\_\_\_\_

Status:  M – Management (Exempt)  
 F – Full-time (35 hours and above plus benefits)  
 P – Regular Part-time (34 hours and below)

Wages to be paid: \$ \_\_\_\_\_ per/Hour Or \_\_\_\_\_ Salary

9) Employee's Signature: \_\_\_\_\_

10) Manager's Signature: \_\_\_\_\_

HR Use Only:  
Start Date \_\_\_\_\_

EQUAL OPPORTUNITY EMPLOYER

(PLEASE PRINT)

Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (Middle Name) [Please Check Box If You Do NOT Have a Middle Name]

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Wheeling Park Commission is an equal opportunity employer. All applicants are considered without regard to race, color, religion, sex, age, national origin, sexual orientation, veteran status, disability or any status which is protected by state or federal law.

In an effort to comply with government record keeping requirements, we ask that you voluntarily complete this information. The U.S. government is empowered to require employers to report the number of their applicants and employees in the racial, ethnic, and veteran groups below. THIS INFORMATION WILL ONLY BE USED FOR REPORTING TO GOVERNMENTAL AGENCIES. IT WILL NOT BE USED IN DETERMINING ELIGIBILITY FOR EMPLOYMENT AND WILL BE KEPT SEPARATE FROM THE APPLICATION FORM.

SEX [ ] Female [ ] Male
US Citizen [ ] Yes [ ] No

ETHNICITY/RACE

Please indicate your ethnicity or race by selecting one option below. If you are Hispanic or Latino, please select the Hispanic or Latino category. If you are not Hispanic or Latino, please select one of the other categories.

- [ ] Hispanic or Latino A person Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin.
[ ] American Indian or Alaskan Native, Not Hispanic Or Latino A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.
[ ] Asian, Not Hispanic or Latino A person having origins in any of the original peoples of the Far East, South East Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, & Vietnam.
[ ] Black or African American, Not Hispanic or Latino A person having origins in any kind of the black racial groups of Africa.
[ ] Native Hawaiian or other Pacific Islander, Not Hispanic or Latino A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
[ ] White, Not Hispanic or Latino A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
[ ] Two or More Races, Not Hispanic or Latino All persons who identify with more than one of the above races.
[ ] I prefer not to answer

MILITARY STATUS [ ] Vietnam Era Veteran
Please select one of the following (if applicable) [ ] Other Veterans. Veterans who served in the military ground, naval, or air service of the United States on active duty during a war or in a campaign or expedition for which a campaign badge has been authorized.

- REFERRAL [ ] Personal Initiative
[ ] State Job Service
[ ] Newspaper Advertisement
[ ] Wheeling Park Commission Website (Other Website, Name) \_\_\_\_\_
[ ] Position Posted (Where) \_\_\_\_\_
[ ] Encouraged by a Wheeling Park Commission Employee (Name) \_\_\_\_\_
[ ] Education Institution (Name) \_\_\_\_\_
[ ] Other (Explain) \_\_\_\_\_

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

**TO BE COMPLETED AND SIGNED BY ALL APPLICANTS/EMPLOYEES**

In keeping with Section 503 of the Rehabilitation Act of 1973 and Section 402 of the Vietnam Era Veterans Readjustment Assistance Act of 1974, our Company has affirmative action programs for hiring and advancement in employment of qualified disabled individuals, special disabled American Veterans, disabled American Veterans, and Veterans of the Vietnam Era.

If you are disabled, a special disabled American Veteran, disabled American Veteran or a Vietnam Era Veteran and would like to make this known to us for use in our program, you may check the appropriate area below.

This information is strictly confidential and your choice will in no way result in adverse treatment but will be used only in keeping with purposes of the Acts stated above.

Disabled individual means a person who (1) has a physical or mental impairment which substantially limits one or more of such person's major life activities, (2) has a record of such impairment or (3) is regarded as having such an impairment.

I am a disabled individual

Special disabled American Veteran means a person entitled to disability compensation under laws administered by Veterans Administration for disability rated at 30 percentum or more, or a person whose discharge or release from active duty was for disability incurred or aggravated in the line of duty.

I am a special disabled American Veteran

Disabled American Veteran means a person entitled to disability compensation under laws administered by the Veterans Administration, or a person who was discharged or released from active duty because of a service-connected disability.

I am a disabled American Veteran

Vietnam Era Veteran means a person who served on active duty for a period of time of more than 180 days, and was discharged or released therefrom with other than dishonorable discharge or was discharged or released from active duty for a service disability.

I am a Vietnam Era Veteran

Please sign your name under No. 1 or No. 2 below.

1) I do not meet any of the above qualifications or I do not choose to provide such information.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

2) I have checked the appropriate area and I understand that this information is completely voluntary.

\_\_\_\_\_  
Signature of Applicant/Employee

\_\_\_\_\_  
Date

(If you do not wish to be included in either program at this time, you have the option of participating at any time upon future application for employment, or during your employment with our company.)

**WHEELING PARK COMMISSION**

**POST-OFFER DRUG SCREENING PROGRAM**

**ACKNOWLEDGMENT AND CONSENT**

As an applicant for a position with the Wheeling Park Commission, I hereby acknowledge that the company's policy requires an applicant eighteen (18) years or older to submit a sample of urine for chemical or other analysis. I acknowledge that any offer of employment is contingent on successfully passing this drug screening.

I further understand that the purpose of this analysis is to determine or rule out the presence of non-prescribed or prohibited dangerous controlled substances in my urine.

I hereby freely and voluntarily consent to this request for a urine specimen and agree to participate in the testing program.

I hereby and herewith release the Wheeling Park Commission, its employees, agents, and contractors from any and all liability whatsoever arising from this request for a urine sample, from the testing of the urine sample, and from decisions made concerning my application for employment based upon the results of the analysis.

I agree to cooperate in all aspects of the drug screening program.

I further acknowledge that the Wheeling Park Commission has provided me with an opportunity to ask questions related to its drug screening program and that all my inquiries have been answered. I further acknowledge and confirm that I am at least eighteen (18) years old.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

I hereby refuse to consent to this request for a urine specimen and do not agree to participate in the drug screening program. I understand that the Wheeling Park Commission will take no further action in processing my application for employment based on my refusal to consent to or participate in the drug screening program.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Applicant

**WHEELING PARK COMMISSION**  
**AUTHORIZATION AND RELEASE FORM**

I hereby authorize the Wheeling Park Commission to conduct a background check inquiry into my work experience, business activities, education, general reputation, character, personal characteristics, mode of living and/or past activities. This inquiry may be conducted either by the Wheeling Park Commission, its employees, or an independent agency retained by the Wheeling Park Commission. I authorize and request any and all of my former employers, personal references, educational institutions, law enforcement and credit agencies, and/or any other person, to furnish to the Wheeling Park Commission or its agents any information that they may have concerning the above-referenced matters. This may include, but is not limited to, application verification, educational history, criminal background information, credit records, employment and the reason(s) for termination thereof.

I hereby release the Wheeling Park Commission, its employees and or any agency retained by the Wheeling Park Commission, from all liability and responsibility, in connection with conducting such an inquiry, including their agents and employees. Further, I hereby release from any and all liability whatsoever all persons, institutions, employees, organizations and/or agencies which provide information pursuant to this authorization and request. In connection with any inquiry made by the Wheeling Park Commission of former employers, personal references, educational institutions, etc. I am waiving all rights to bring any action for defamation, invasion of privacy or similar causes of action.

\_\_\_\_\_

Date

\_\_\_\_\_

Signature of Applicant

In executing this document, it is understood that an investigative consumer report may be prepared whereby information is obtained through personal interview with my neighbors, friends and others with whom I am acquainted. This inquiry includes information as to my character, general reputation and personal characteristics. I understand that I have the right to make a written request within a reasonable period of time to receive additional, detailed information about the nature and scope of this investigation.