8170 Mapleway Dr. Olmsted Falls, OH 44138
Phone: (440) 427-1599 Fax: (440) 235-4118
E-mail: office@olmstedcc.com

EMPLOYMENT APPLICATION

Date of Application:_____

Name:_____
Last **First** **MI**

Maiden & Other Names & When Used:_____

Last 4 #s of SSN:_____ **Over 18 Yrs. Old?**_____ **Date of Birth**_____

Address:_____
Street **Apt#** **City** **State** **Zip**

Home Phone: ( )_____ **Work Phone: ( )**_____

E-Mail Address: _____

Please completely list any former addresses within the past 7 years:

Former Address:_____
Street **Apt#** **City** **State** **Zip**

Former Address:_____
Street **Apt#** **City** **State** **Zip**

Have you ever been convicted or charged with a felony or misdemeanor other than a traffic violation? (Affirmative response to this question does not necessarily eliminate you from further consideration.)
Yes or No (please circle one) **If "yes", please explain:**

_____
_____
_____

Employment History

List below all present and past employment for the last 10 years, beginning with your most recent position. Attach a resume if applicable, but completely fill in all info below. Please print legibly.

If currently employed, may we contact the supervisor? __________________

Company Name & Address | **Dates of Employment** | **Salary/Hourly**

________________________________ **From:**____________ **Start:**__________

________________________________ **To:**_______________ **End:**___________

Phone: (   )______________ **Supervisor's Name:**______________________________

Reason for Leaving:_________________________________ **Job Title:**___________________

Full-time or Part-time:____________________ **If part-time, how many hrs per week?**_________

Company Name & Address | **Dates of Employment** | **Salary/Hourly**

________________________________ **From:**____________ **Start:**__________

________________________________ **To:**_______________ **End:**___________

Phone: (   )______________ **Supervisor's Name:**______________________________

Reason for Leaving:_________________________________ **Job Title:**___________________

Full-time or Part-time:____________________ **If part-time, how many hrs per week?**_________

Company Name & Address | **Dates of Employment** | **Salary/Hourly**

________________________________ **From:**____________ **Start:**__________

________________________________ **To:**_______________ **End:**___________

Phone: (   )______________ **Supervisor's Name:**______________________________

Reason for Leaving:_________________________________ **Job Title:**___________________

Full-time or Part-time:____________________ **If part-time, how many hrs per week?**_________

Education

Type of School	*Name/Address of School*	*Courses Majored*	*Yr. Graduated &/or Yrs. Attended*	*Diploma / Degree*
High School	**Last name:**			
If GED	**Received in what state:** **Under what name?**	**Tested in what location:**	**Year received:**	
Business / Trade School	**Last name:**			
College	**Last name:**			
College	**Last name:**			

Extracurricular Activities (Athletics, Clubs, etc.):

_____

_____

_____

Position Applying For: **1) □ Office/Administration** **2) □ Sports/Rec. Programming**

3) □ Maintenance **4) □ Before/After School or Summer Day Camp**

Please answer the following questions that correspond to the box you checked above.

1) **Office Administration:**

(a) List any office machines and or computer software you can operate:

_____
_____
_____

(b) List any skills or qualifications that might be an asset to OCC:

_____
_____

(c) Typing Speed:_____

2) **Sports/Recreational Programming:**

(a) List coaching/programming experiences:

_____
_____
_____

(a) What sports/activities are you most passionate about?

_____
_____

(a) What age group do you enjoy working with most and why?

_____
_____
_____

3) **Maintenance:**

(a) List skills and qualifications that would be an asset to the cleaning and maintenance of OCC?

_____
_____

4) **Before/After School Program & Summer Day Camp:**

(a) Why do you enjoy working with school-age children?

_____
_____
_____

***What hours are you available to work?*_____**

What days do you prefer to work? _____

References

Please provide at least three employment-related references:

Reference's Name & Title **Phone #**

1._____ **Home:**_____
Company Name_____ **Work:**_____
Address_____

Reference's Name & Title **Phone #**

2._____ **Home:**_____
Company Name_____ **Work:**_____
Address_____

Reference's Name & Title **Phone #**

3._____ **Home:**_____
Company Name_____ **Work:**_____
Address_____

Driving History

Do you have a valid Driver's License: □ YES □ NO

What state issued your license?_____ Driver's License #:_____

Military History

Were you in the Military Service?_____ What branch/Service # ?_____

Type of Discharge?_____Rank of Discharge?_____

List duties in the Service, including
SpecialTraining:_____
_____
_____

Release Authorization

In connection with my application, I understand that an investigative consumer report may be requested that will include information as to my character, work habits, academic records, performance and experience, along with reasons for termination of past employment from previous employers. Further, I understand that you will be requesting information concerning my worker's compensation claims, motor vehicle operation history and criminal history from various state, private and insurance sources along with other public records available. Worker's compensation information will only be requested in compliance with the ADA and/or any other applicable state laws.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAWFUL ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, SCHOOL OR UNIVERSITY (PUBLIC OR PRIVATE) INFORMATION SERVICE BUREAU, EMPLOYER OR INSURANCE COMPANY CONTACTED BY BACKTRACK, INC./OLMSTED COMMUNITY CENTER TO FURNISH THE ABOVE-MENTIONED INFORMATION.

I further acknowledge that a telephone facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies. According to the Fair Credit Reporting Act, I am entitled to know if employment is denied because of information obtained by my prospective employer from a consumer reporting agency. If so, I will be so advised and be given the name of the agency or source of information.

I authorize the National Personnel Records Center, St. Louis, MO or other custodian of my military records to release to Backtrack, Inc./Olmsted Community Center, information or photocopies of my military personnel and related medical records.

Signature _____ **Date** _____