Cleveland Metroparks

Diversity
Cleveland Metroparks
Strengthening Human & Natural Resources

APPLICATION FOR EMPLOYMENT

Cleveland Metroparks Ranger Department

An Equal Opportunity Employer

PLEASE READ THESE INSTRUCTIONS: Print or type all information requested on the application and *return to Cleveland Metroparks Human Resources Department, 4101 Fulton Parkway, Cleveland, OH 44144.* All questions must be answered completely. If you have a résumé, please attach it to the employment application. ***If you are applying for a Ranger or Deputy Ranger position, the minimum age for consideration is 21.***

Name: _____

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

County: _____ **Home Telephone Number:** _____

Mobile Telephone Number: _____ **Maiden Name:** _____

Email Address: _____

Position for which you are applying: _____ **Ranger** _____ **Deputy Ranger** _____ **Dispatcher**

Available Start Date: _____ **Social Security Number:** _____

U.S. Citizen? ☐ **Yes** ☐ **No** **Do you have a valid Ohio Driver License?** ☐ **Yes** ☐ **No**

Driver License Number: _____ **Expiration Date:** _____

Previous Addresses (If you have resided less than 5 years at your current address):

Address:_____ **City:** _____ **State:** _____

Address:_____ **City:** _____ **State:** _____

Address:_____ **City:** _____ **State:** _____

*****IMPORTANT*****

ALL JOB OFFERS ARE MADE WITH THE UNDERSTANDING THAT PROSPECTIVE EMPLOYEES MUST PASS A DRUG SCREEN TEST, BACKGROUND CHECK AND PRE-EMPLOYMENT PHYSICAL EXAM PRIOR TO BEING HIRED.

Cleveland Metroparks

EMPLOYMENT HISTORY

Read these instructions and complete the following:

In the area below, please list your employment history during the past ten years or since you left high school. Begin with your current or most recent employer. Include military history and/or significant volunteer work. Explain any gaps in employment dates on a separate sheet of paper.

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____ **Supervisor's Name:** _____

Dates of Employment: From ____/____/_____ **to** ____/____/____

Position or Job Title: _____

Duties/Responsibilities: _____

_____

Reason for Leaving: _____

May We Contact this Employer? ☐ **Yes** ☐ **No**

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____ **Supervisor's Name:** _____

Dates of Employment: From ____/____/_____ **to** ____/____/____

Position or Job Title: _____

Duties/Responsibilities: _____

_____

Reason for Leaving: _____

May We Contact this Employer? ☐ **Yes** ☐ **No**

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____ **Supervisor's Name:** _____

Dates of Employment: From ____/____/_____ **to** ____/____/____

Position or Job Title: _____

Duties/Responsibilities: _____

_____

Reason for Leaving: _____

May We Contact this Employer? ☐ **Yes** ☐ **No**

Cleveland Metroparks

EMPLOYMENT HISTORY (continued)

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____ **Supervisor's Name:** _____

Dates of Employment: From ____/____/_____ **to** ____/____/____

Position or Job Title: _____

Duties/Responsibilities: _____

_____

Reason for Leaving: _____

May We Contact this Employer? ☐ **Yes** ☐ **No**

Employer's Name: _____

Employer's Address: _____

Employer's Telephone Number: _____ **Supervisor's Name:** _____

Dates of Employment: From ____/____/_____ **to** ____/____/____

Position or Job Title: _____

Duties/Responsibilities: _____

_____

Reason for Leaving: _____

May We Contact this Employer? ☐ **Yes** ☐ **No**

MILITARY SERVICE

____ **Army** ____**Navy** ____**Air Force** ____ **Marines** ____**Coast Guard**

____ **Reserves** ____**National Guard**

Current Obligation:_____

Type of Discharge: _____

Position or Job Title: _____

Duties/Responsibilities: _____

_____

_____

Cleveland Metroparks

EDUCATION and TRAINING

Read these instructions and complete the following:

Provide the information requested for all relevant education and training you have received beginning with high school.

Name of high school attended: _____

Address: _____

Major Subjects: _____

Did you graduate? ☐ **Yes** ☐ **No** **If no, have you received a G.E.D.?** ☐ **Yes** ☐ **No**

Grade Point Average: _____

Trade/Vocational School: _____

Major Subjects: _____**Grade Point Average:** _____

Did you graduate? ☐ **Yes** ☐ **No**

Type of Diploma or Certification Received_____

University/College Name: _____

Address: _____

Major: _____

Grade Point Average: _____ **Type of Degree Received**_____

University/College Name: _____

Address: _____

Major: _____

Grade Point Average: _____ **Type of Degree Received**_____

List basic skills you possess (i.e., First Aid, CPR, computer skills, etc.)

_____

_____

_____

List any certifications or licenses you currently hold:

_____

_____

_____

Cleveland Metroparks

AUTHORIZATION FORM

Carefully Read the Following Before Signing

Cleveland Metroparks has an obligation to employ persons of good integrity who will maintain the security and high standard of its service, and whose conduct will maintain public confidence. To achieve these objectives, Cleveland Metroparks Ranger Department will conduct an investigation into your background.

As a condition of employment, you may be required to submit to medical and/or aptitude examinations and satisfy the qualifications for employment as determined by Cleveland Metroparks. The results of medical examinations will be held in confidence except where release of such information is required by law. Also when certain medical restrictions relate to your ability to perform your job, those work restrictions will be communicated to your supervisor.

By signing this application form, you:

1. Acknowledge that the information you have provided in this application is complete and accurate to the best or your knowledge;

2. Acknowledge that you understand that any false statements, misrepresentations or failure to disclose information on this application may be sufficient to disqualify you for employment or if employed, may result in your dismissal regardless of when discovered;

3. Authorize Cleveland Metroparks to conduct investigations into your background in order to validate the information you have provided;

4. Authorize the persons, schools, law enforcement authorities, and employers or organizations named in this application to provide Cleveland Metroparks with any relevant information, and;

5. Release Cleveland Metroparks and all parties or individuals concerned from any liability in connection with the validation or release of information contained in this application.

I understand that if employed by Cleveland Metroparks, I may resign at any time. Cleveland Metroparks employees are employed at will and either the employee or Cleveland Metroparks can terminate the relationship at any time for any reason. No employee has tenured employment or the expectation of continual, permanent status. Any written or verbal promises to the contrary are invalid. Park District policies and procedures and/or the completion of the designated probationary period shall not constitute or be considered an employment contract, expressed or implied.

Name of Applicant: _____
(Please Print)

Social Security Number _____-_____-_____

Signed: _____ Date:_____

Cleveland Metroparks

QUESTIONNAIRE

Please answer the following questions by circling "yes" or "no". If you answer any of the following questions with a "yes", please explain fully in the space provided below, referencing the number of the question. A "yes" answer DOES NOT NECESSARILY MEAN YOU WILL BE REFUSED EMPLOYMENT.

1. Have you ever been employed in the state or county service of Ohio? Yes No
2. Do you have any relatives presently employed by Cleveland Metroparks? Yes No
3. Are there any criminal charges now pending against you? Yes No
4. Have you been convicted of a misdemeanor, other than minor traffic violations? Yes No
5. Has your driver's license been suspended or revoked in the past five years anywhere in or outside the United States? Yes No
6. Have you ever been convicted of a felony? Yes No
7. Have you habitually used intoxicating beverages in the past ten years? Yes No
8. Have you used any illegal drugs or drugs that were not prescribed for you in the past ten years? Yes No

Explanation for "Yes" answers (Use the number of the question in your explanation. Use additional sheet of paper if necessary). _____

_____

_____

_____

_____

_____

Cleveland Metroparks

PERSONAL REFERENCES

Please list three persons that can provide a personal reference for you. **Do not** use relatives, former supervisors, or more than one employee of the Cleveland Metroparks Ranger Department.

Name: _____

Home Telephone_____ Work Telephone _____

Address: _____City _____

State: _____Occupation_____

Name: _____

Home Telephone_____ Work Telephone _____

Address: _____City _____

State: _____Occupation_____

Name: _____

Home Telephone_____ Work Telephone _____

Address: _____City _____

State: _____Occupation_____