

Submit completed application form to City of Bowling Green, Personnel Department, 304 North Church Street, Bowling Green, Ohio 43402. All application materials must be in the Personnel Department by 4:30 p.m. on the date of closing. Resumes must be included with completed application. **ONLY COMPLETED APPLICATION FORMS WILL BE ACCEPTED.**

**Application for Employment-Parks & Rec Temporary Part Time Seasonal
City of Bowling Green, Ohio
The City of Bowling Green is an Equal Opportunity Employer
And A Drug Free Workplace**

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

Notice to Applicants – A post-offer screening test for illegal drug use may be required before hire, and screening tests for alcohol and drug use may be required during employment. Also, because of the Ohio Public Records Law, the identity of applicants and application materials cannot be considered to be confidential. Application materials may be subject to disclosure under Ohio law.

PLEASE PRINT IN USING BLUE OR BLACK INK

Title of Position Applying for: _____ Date of Application: _____

Last Name: _____ First Name: _____ Middle Name: _____

Present Address: _____

Permanent Address: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ Permanent Phone: _____

E-mail address: _____

Best time to contact you (provide time & preferred phone number) _____

Have you ever worked under another name? If so what was the name: _____

Are you a U.S. veteran? Y N Are you currently employed? Y N

May we contact your present employer? Y N

If you are under 18 years of age, can you provide a work permit? Y N

Information on how to obtain a student work permit is attached.

Have you ever filed an application with the City before? Y N When: _____

Have you previously worked at the City of Bowling Green? Y N

If yes, list positions and dates of hire: _____

Are you prevented from lawfully becoming employed in the United States because of Visa or Immigration Status? Y N (**Proof of citizenship or immigration status will be required upon employment**)

Date Available to start work: _____ Last Date Available to Work: _____

No. of days per week you can work _____ No. of hours per day you can work _____

Are you available _____ Days _____ Evenings _____ Summer Holidays

Current Certifications & Expiration Dates:

_____ Lifesaving (exp. _____) _____ First Aid (exp. _____)

_____ C.P.R. (exp. _____) _____ Adv. First Aid (exp. _____)

_____ W.S.I. (exp. _____)

Have you been convicted or plead no contest to a felony within the last seven years? Y N

If yes, please explain: _____

(Conviction of a crime or pleading guilty to a criminal charge will not necessarily disqualify you from the job for which you are applying. Each conviction will be considered with respect to time, job relatedness, or other relevant factors.)

EDUCATION AND TRAINING/ SKILLS

Name and Address of High School: _____

Number of Years Completed: _____ Did you graduate or earn GED?: Yes No

Name and Address of Colleges/Universities Attended for **Undergraduate** Program (List Each College/University Separately): _____

Number of Years Completed: _____ Degree Earned: ___Yes ___No

Degree Earned: _____

Course of Study: _____

Are you planning to take summer college classes? Y N If yes, please attach your summer class schedule.

Name and Address of Colleges/Universities Attended for **Graduate** Program: _____

Number of Years Completed: _____ Degree Earned: ___Yes ___No

Degree Earned: _____

Course of Study: _____

Other Education we should be aware of (Provide name and address of facility, certification received, years completed, major area of study/training):

EMPLOYMENT EXPERIENCE: Include military service or any job-related volunteer activities. You should exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. **(Note:** A resume must be attached, but it **MAY NOT** be used as a substitute for completing this section.)

Employer's Name and Address: _____

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

Length of employment: **From:** Mo. _____ Yr. _____ **To:** Mo. _____ Yr. _____

Hours per week: _____ Rate of Pay: _____

Job Title Held: _____

Reason for leaving employment: _____

EMPLOYER/EDUCATIONAL REFERENCES

List three persons, who have knowledge of your work and / or education. **DO NOT USE FRIENDS OR RELATIVES**

1. Name: _____
Address: _____
Phone Number: _____
Years Known _____ Relationship _____

2. Name _____
Address: _____
Phone Number: _____
Years Known _____ Relationship _____

3. Name _____
Address: _____
Phone Number: _____
Years Known _____ Relationship _____

Can you perform the essential functions of the job, as described in the job description, with or without reasonable accommodations?

Yes No

Is your resume attached?

Yes No **A RESUME IS REQUIRED**

PRE-EMPLOYMENT INFORMATION / CONDITIONS:

For positions which require driving a city vehicle, I understand that I must be insurable with the City's insurance carrier. I understand that a post-offer drug screen may be required for part-time positions where driving City vehicles is required. Failure to pass the post offer drug screen will result in the City immediately rescinding the job offer tendered to me.

I agree to wear or use any protective clothing or devices as required, and to abide by established safety rules. I agree to comply with all City rules, regulations, and policies. I understand that days, hours of work, and/or location of a position may be reassigned at the discretion of management.

I certify that the statements made in my application are true and without omission. I authorize the City of Bowling Green to investigate any or all of my statements. I understand that any falsification or omission of material facts in my application may be sufficient cause for disqualification or termination of employment with the City of Bowling Green. I further release any such person, company, institution, or government agency from any liability in disclosing and/or furnishing information to the City of Bowling Green with regard to this application for employment.

I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE STATEMENTS AND CONDITIONS.

Signature

Date

Please Read Carefully Before Signing – Applicant’s Certification and Agreement

I hereby certify that the information and facts set forth in this application are true, complete and accurate to the best of my knowledge. I understand that any falsifications, misrepresentations or omissions of any facts in this application or other documents submitted for consideration of employment will be cause for denial of employment or immediate termination of employment, if employed regardless of the timing or circumstances of discovery.

I understand that if I am hired this Application becomes a part of my official employment record.

I authorize the City of Bowling Green to verify the accuracy of any information provided or known. I hereby authorize any and all schools, employers, references, regulatory boards, courts and any others who have information about me to provide such information to the City of Bowling Green and/or any of its employees, representatives, agents or vendors. I release all parties involved in this process from any liability for any and all damage that may result from providing such information.

I understand that if offered a position, I may be required to submit to a pre-employment drug screening and criminal background check as a condition of employment. I further understand that I may be required to complete a pre-employment physical exam depending upon the position offered. I understand that receipt of unsatisfactory results from, failure to complete as required or any attempt to affect the results of these, will result in the immediate withdrawal of any offer of employment or the termination of employment, if already employed.

I understand that submission of an application does not guarantee employment. I further understand that should an offer of employment be made by the City of Bowling Green, such offer whether or not stated is for employment at will, and that if I accept such offer, my employment may be terminated by either the City of Bowling Green or myself at any time, with or without cause or notice. I understand that none of the documents, policies, procedures, actions, or statements of the City of Bowling Green or its employees or representatives used during the hiring process or during my employment may be deemed to be a contract for employment, either actual or implied. I understand that no employee or representative, other than the Mayor of the City of Bowling Green, has the authority to enter into any agreement contrary to the above and that any such agreement if made shall not be binding unless it is set out in writing, signed by the Mayor of the City of Bowling Green.

I agree that any claim or lawsuit relating to my service with the City of Bowling Green must be filed no more than (6) months after the date of the employment action that is the subject of the claim or lawsuit. I waive any statute of limitations to the contrary.

In consideration of employment, if offered, I agree to abide by and adhere fully to all rules, regulations, policies and procedures of the City of Bowling Green at all times. I further understand that the rules, regulations, policies and procedures may be changed at any time, with our without notice.

Signature of Applicant: _____ Date: _____



**CITY OF BOWLING GREEN
REASONABLE ACCOMMODATION REQUEST FORM**

Name: _____
(Please Print) Last First Middle Initial

Daytime Phone: _____

Position Title Applied for or City Program/Service: _____

I am either an applicant for the position named above or I am interested in the City program/service listed above, and may require Reasonable Accommodation. I hereby request that either the Personnel Department contact me regarding reasonable accommodation in the application and/or testing process, or the appropriate City department contact me regarding reasonable accommodation regarding the program/ service I have noted above. I authorize the Personnel Department and/or appropriate City Department to verify this request.

Applicant's Signature

Date

PLEASE DESCRIBE BELOW THE ACCOMODATION YOU MAY REQUIRE:

This information shall be used for Affirmative Action (AA) Purposes only
EQUAL EMPLOYMENT OPPORTUNITY DATA SHEET

For
THE CITY OF BOWLING GREEN, OHIO

TO ALL APPLICANTS:

The CITY OF BOWLING GREEN is an Equal Opportunity/Affirmative Action employer. Our organization has contracts with the federal government and is therefore required to maintain information, separate from the application form, on individuals who apply for employment. We invite you to provide this information about yourself by completing this form.

PROVIDING THIS INFORMATION IS STRICTLY VOLUNTARY. IF YOU CHOOSE NOT TO PROVIDE IT, THERE WILL BE NO ADVERSE EFFECT ON YOUR CONSIDERATION FOR EMPLOYMENT. ANY INFORMATION YOU PROVIDE WILL BE HELD CONFIDENTIAL.

(PLEASE PRINT- USE PEN)

LAST NAME	FIRST NAME	MIDDLE NAME	DATE
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POSITION APPLYING FOR: _____

INSTRUCTIONS

Indicate the appropriate response for items A - E

A. Race	<input type="checkbox"/> Caucasian	<input type="checkbox"/> African-American
	<input type="checkbox"/> American Indian or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Other
B. Sex	<input type="checkbox"/> Female	<input type="checkbox"/> Male
C. Vietnam Era Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No

(Defined as: (A) a veteran who served in the military, ground, naval or air service of the U.S. on active duty for more than 180 days and was discharged or released with other than a dishonorable discharge, if any part of the active duty occurred: (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (ii) between August 5, 1964 and May 7, 1975, in all other cases; or (B) was discharged or released from active duty for a service-connected disability if any part of active duty was performed: (i) in the Republic of Vietnam between February 28, 1961 and May 7, 1975, or (ii) between August 5, 1964 and May 7, 1975, in all other cases.)

D. Disabled Veteran	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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E. Method of referral for employment at the City of Bowling Green (Check One)

<input type="checkbox"/> Came on Own Initiative	<input type="checkbox"/> Ref. By Employment Agency, which: _____
<input type="checkbox"/> Referral By Employee	<input type="checkbox"/> Job posting at school, which school: _____
<input type="checkbox"/> Ohio Jobs and Family Service	
<input type="checkbox"/> Newspaper Advertisement, which newspaper: _____	
<input type="checkbox"/> Web Page, which web page: _____	
<input type="checkbox"/> Other, explain: _____	

The City of Bowling Green is an equal opportunity and affirmative action employer and considers all applicants for employment based on non-discriminatory, job-related factors.

For information or assistance in employment, recruitment, records or benefits, please contact the City of Bowling Green's Personnel Department by phone at (419) 354-6200 or by email at barbara.ford@bgohio.org.

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038). The Pre-certification form (HLS 0035) should only be completed if you are specifically instructed to do so by the agency or office requesting the form.
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.

- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol

- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.



PUBLIC EMPLOYMENT

In accordance with section 2909.34 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NO ASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration of the provision of material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List (see the Ohio Homeland Security Division Web site for the Terrorist Exclusion List).

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, and financial services that are in excess of one hundred dollars, as well as communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

Form with fields: LAST NAME, FIRST NAME, MIDDLE INITIAL, HOME ADDRESS, CITY, STATE, ZIP, COUNTY, HOME PHONE, WORK PHONE.

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- 1. Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List?
2. Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List?
3. Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List?
4. Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List?
5. Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List?
6. Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism?

In the event of a denial of licensure due to a positive indication that material assistance has been provided to a terrorist organization, or an organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List, a review of the denial may be requested. The request must be sent to the Ohio Department of Public Safety's Division of Homeland Security. The request forms and instructions for filing can be found on the Ohio Homeland Security Division Web site.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. If I am signing this on behalf of a company, business or organization, I hereby acknowledge that I have the authority to make this certification on behalf of the company, business or organization referenced above.

X
APPLICANT SIGNATURE

DATE