

GREATER TOLEDO POOL RECREATION DISTRICT
APPLICATION FOR EMPLOYMENT

Position Applied for _____

Date: _____

Last Name

First Name

Middle Name

Address

City

State

Zip

Telephone Number (s)

Email Address

Driver's License Number and State

Please state your salary expectation _____

Date available for work: _____

Availability:

Full Time

Part Time

Specify days and hours if part time:

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Employment Experience

Please start with your most recent employment. Indicate the positions held in the last 5 years. Include any job-related military service assignments and volunteer activities. You may exclude organization which indicate race, color, religion, gender, national origin or other protected status. If you need additional space, please continue on a separate sheet of paper.

Job Title _____ Start Date _____ End Date _____

Employer _____ Beg. Salary _____ End Salary _____

Address _____

Direct Supervisor _____ Phone _____

Reason for Leaving _____

Duties and Responsibilities _____

Job Title _____ Start Date _____ End Date _____

Employer _____ Beg. Salary _____ End Salary _____

Address _____

Direct Supervisor _____ Phone _____

Reason for Leaving _____

Duties and Responsibilities _____

Job Title _____ Start Date _____ End Date _____

Employer _____ Beg. Salary _____ End Salary _____

Address _____

Direct Supervisor _____ Phone _____

Reason for Leaving _____

Duties and Responsibilities _____

May we contact your previous employers? Yes No If No, why? _____

Education and Training

COLLEGES, NURSING, MILITARY, TRADES OR OTHER SCHOOLS ATTENDED

| Name of School, Location | Total Number of Hours | Type of Training or Major | Name of Certification or Degree |
|--------------------------|-----------------------|---------------------------|---------------------------------|
| | | | |
| | | | |
| | | | |

Licenses and Certificates

List below any licenses/certificates that you have that may be required for this position.

Title of license of certificate _____
Number _____ Issuing agency _____ Expiration date _____

Title of license of certificate _____
Number _____ Issuing agency _____ Expiration date _____

Title of license of certificate _____
Number _____ Issuing agency _____ Expiration date _____

Additional Information Please state any additional information that you feel may be helpful to us in considering your application.

Certification of Information, Authorization and Release

CAUTION: Read before signing

Authorization - I hereby authorize and direct you to permit the Greater Toledo Pool Recreation District and their representative(s) to review my credit records, employment records, educational records, driving records, juvenile and adult criminal records as part of a background investigation being conducted prior to my possible employment with the Greater Toledo Pool Recreation District. I also authorize you to permit any materials listed above to be copied and retained by the Greater Toledo Pool Recreation District.

Initial: _____

Release of Agency Providing Information from Liability – I hereby release you, your organization and any of its agents, employees, or representatives from any and all liability or damage, which may result from furnishing the above requested information.

Initial: _____

Release of Greater Toledo Pool Recreation District from Liability – I hereby exonerate, release, discharge, and hold harmless the Greater Toledo Pool Recreation District, its officers, agents, or assigns, now and in the future, from any claim or damages, whether in law or in equity, on behalf of myself, my heirs, agents or assigns, for:

1. Maintaining the confidentiality and refusal to make available any and all information contained or gained as part of this pre-employment investigation, including but not limited to the identity of any persons or organizations who may have supplied information in the course of this investigation, and
2. Their refusal to make available the substance of any such information supplied, even where such information has been the basis for my disqualification from further consideration, and
3. The Greater Toledo Pool Recreation Districts actions taken based on the information gathered as part of the background check.

Initial: _____

By my signature below, I:

Authorize the investigation of all matters which the Greater Toledo Pool Recreation District, referred to as the "GTPRD" deems relevant to my qualifications for employment including all statements made in this application and in any attachments or supporting documents and in any interviews, including but not limited to personal history, academic records, job performance, and driving and criminal history, to ascertain any and all information which may concern my character, whether same is of record or not. I release your organization and all persons whomsoever from any charge or liability due to the release or furnishing of any documentation, records, materials, or any other form of information.

- I hereby acknowledge that I am aware that the information and results of this investigation are confidential to the Greater Toledo Pool Recreation District Board, and is for their use only, and will not be disclosed to myself or any other person without proper authorization.
- Certify that the facts and information given in this application, and in any attachment or supporting documents and in any interviews are (or will be) true and complete to the best of my knowledge. I understand that any falsification, misrepresentation or omission, as well as any misleading statements or omissions, will generally result in denial of employment or immediate termination, regardless of when and how discovered.
- Understand that I may be required to submit to pre-employment or post-employment physical examination or other professional examinations, medical inquiries and/or urinalysis tests for the presence of drugs or alcohol. I agree to such examinations, inquiries or testing. I authorize release of the results to GTPRD to evaluate my suitability for employment. I release the GTPRD from all liability arising out of or connected with any examinations, inquiries or testing.
- Understand and agree that if I am hired the statements in these paragraphs will become a binding part of my employment relationship. I have read each of these statements. I have reviewed all of the information provided in this application and in any attachments or supporting documents. Understand that if I am hired as a temporary employee, I cannot expect continued employment in a temporary position or to automatically become a regular employee. As a temporary employee, I may be disciplined or discharged from employment for any lawful reasons without warning.

NOTE: Applications or resumes cannot be returned. The Greater Toledo Pool Recreation District cannot make copies of applications. Please make necessary copies before submitting. A separate application is required for each individual vacancy. Unsigned applications will not be processed.

NOTE: Applying for this position constitutes your acknowledgement and agreement that, if employed, you will be required to work varied shifts, weekends, holidays, and other non-typical hours without additional compensation.

Signature _____

Date _____

Veteran's Preference Form

Under Oregon law, veterans who meet the minimum qualifications for a position may be eligible for employment preference. If you think you qualify, please read this document carefully. Check each box that applies to you. If you need further explanation or have special circumstances, call **Jennie Messmer**, Local Government Solutions, LLC at 503-871-5852.

This completed form and the required documentation must be submitted at the time you submit your employment application. Information submitted on or with this form will be used solely to determine your veteran's preference.

Part 1: Qualified Veteran

You may claim veteran's preference if you are able to check at least one of the following seven boxes and provide proof of eligibility by submitting a copy of your DD-214 or 215 (and Certification of Honorable Discharge if the DD-214 or 215 does not specifically indicate the type of discharge) or a letter from the United States Department of Veterans Affairs indicating you receive a nonservice-connected pension. "Active duty" does not include attendance at a school under military orders, except schooling incident to an active enlistment or a regular tour of duty, or normal military training as a reserve officer or member of an organized reserve or a National Guard unit. ORS 408.225(1)(e)

I served on active duty with the Armed Forces of the United States for a period of more than 90 consecutive days beginning on or before January 31, 1955 and was discharged or released under honorable conditions; or

I served on active duty with the Armed Forces of the United States for a period of more than 178 consecutive days beginning after January 31, 1955 and was discharged or released from active duty under honorable conditions; or

I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions because of a service-connected disability; or

I served on active duty with the Armed Forces of the United States for 178 days or less and was discharged or released from active duty under honorable conditions and have a disability rating from the United States Department of Veterans Affairs; or

I served on active duty with the Armed Forces of the United States for at least one day in a combat zone and was discharged or released from active duty under honorable conditions; or

I received a combat or campaign ribbon or an expeditionary medal for service in the Armed Forces of the United States and was discharged or released from active duty under honorable conditions; or

I am receiving a nonservice-connected pension from the United States Department of Veterans Affairs.

Part 2: Qualified Disabled Veteran

You may claim additional veteran's preference if you can check any of the following three boxes and provide proof of eligibility by submitting a copy of your DD-214 or 215 (and Certificate of Honorable Discharge if the DD-214 or 215 does not specifically indicate the type of discharge) and a public employment preference letter from the United States Department of Veterans Affairs or other verifiable documentation certifying disabled veteran status. ORS 408.225(1)(c)

I am entitled to disability compensation under laws administered by the United States Department of Veterans Affairs; or

I was discharged or released from active duty for a disability incurred or aggravated in the line of duty; or

I was awarded the Purple Heart for wounds received in combat.

I claim veteran's preference and certify that the above information is true and correct. I understand that any false statements may be cause for my disqualification or dismissal, regardless of when discovered.

Print Name _____ Position Applied For _____

Signature _____ Date _____

Preference will not be awarded without proper documentation. Late or incomplete submittals will not be considered. Qualified veterans receive 5 preference points and qualified disabled veterans receive 10 preference points, applied at each step of the application process that would result in a disqualification. Updated: 02/12/2018