

# THE CITY OF MASSILLON PARKS & RECREATION DEPARTMENT

The Massillon Recreation Department – The Senior Center of Massillon – The Legends of Massillon Golf Course  
 505 Erie St. North, Massillon, OH 44646 PH: 330-832-1621 Fax: 330-832-0456 www.massillonparks.com



## Employment Application

### APPLICANT INFORMATION

Last Name		First	M.I.	Date
Street Address			Apartment/Unit #	
City	State		ZIP	
Phone	E-mail			
Position Applied for				
Date available			Desired Salary	
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/> NO <input type="checkbox"/>
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain	

### EDUCATION

High School		Address		
From (mm/yy)	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
College		Address		
From (mm/yy)	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree
Other		Address		
From (mm/yy)	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree

### REFERENCES

*Please list three professional references.*

Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	
Full Name	Relationship
Company	Phone ( )
Address	

**PREVIOUS EMPLOYMENT**

Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
Company		Phone ( )	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES <input type="checkbox"/>	NO <input type="checkbox"/>

**MILITARY SERVICE**

Military Service	Branch:	Rank at Discharge:	From	To
Special Skills/ Certifications				
Activities:				

**DISCLAIMERS AND SIGNATURE****All Employees:**

- I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed falsified statements on this application shall be grounds for dismissal.
- I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have. I release all parties from all liability for any damage that may result from furnishing same to you.
- I understand and agree that, if hired, my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice and without cause.
- I also understand that if my job requires me to operate a motor vehicle, I will be required to hold a valid Driver's license at all times.

**Seasonal Employees:** Seasonal employment means employment of individuals hired primarily to perform services in an industry which because of climatic conditions or because of the seasonal nature of such industry it is customary to operate only during regularly recurring periods of forty weeks or less in any consecutive fifty-two weeks. I understand that if employed, I may be classified as a seasonal employee which does not guarantee my continued employment outside of my specific job classification or season.

Signature	Date
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