## Application for Employment

Conservancy for Cuyahoga Valley National Park
Environmental Education Center, 3675 Oak Hill Road, Peninsula, OH 44264 — 330/657-2796 — 330/657-2058 Fax
Administrative Office, 1403 West Hines Hill Road, Peninsula, OH 44264 — 330/657-2909 — 330/657-2328 Fax
www.info@forcvnp.org

**Instructions:** Complete all necessary information. You may be asked to provide additional information on another form. **Please Type or Print.** 

The Conservancy for Cuyahoga Valley National Park is an equal opportunity employer and does not unlawfully discriminate in employment. No question on this application is used for the purpose of limiting or excluding any applicant from consideration for employment on a basis prohibited by local, state, or federal law. Equal access to employment, services, and programs is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the organization.

Applicant name:					
Address:	Cit	y:	State:	Zip:	
Telephone #: ()	Em	nail:			
Type of employment desired:	_full-time	part-time	seasonal		
Position applying for:					
On what date would you be available					
Are you able to meet the attendance	e requirements?	)	Yes	No	
Do you have any objection to working overtime if necessary?			Yes	No	
Have you ever been previously employed by our organization?			Yes	No	
Are you prevented from lawfully bed because of Visa or Immigration st		ed in this country		No	
_	you are under 18, can you furnish a work permit if it is required?			No	
Have you been convicted of a crime in the last 7 years?			Yes		
If yes, please explain (a conviction v			<u> </u>		
Have you lived in the state of Ohio f	or the last 5 vea	ars?			
If not, what state(s) have you lived i	-				
Driver's license number:					
How were you referred to us?					
,					
Skills and Qualifications					
Summarize any job-related training, benefit in the job for which you are a					

## **Employment History**

Please provide all employment information for your past three employers starting with the most recent. May we contact your previous employers for a reference? O YES O NO

Employer:	Position neid:	
Address:	Telephone #:	
Immediate supervisor and title:		
Dates employed: from		
Job summary:		
Reason for leaving:		
Employer:	Position held:	
Address:		
Immediate supervisor and title:		
Dates employed: from		
Job summary:		
Reason for leaving:		
Employer:	Position held:	
Address:		
Immediate supervisor and title:		
Dates employed: from		
Job summary:		
Reason for leaving:		
Educational History High school Name and location: Course of study:	Did you graduate?	
Course or study.	bid you graddate:	
Undergraduate College or University Name and location:		
Course of study:	Did you graduate?	
Graduate School		
Name and location:		
Course of study:	Did you graduate?	
Vocational or Technical Training		
Name and location:	Did to the	
Course of study:	Did you graduate?	
Other		
Name and location :		
Course of study:	Did you graduate?	

## References

List 3 reference names, telephone numbers, and years known (do not include relatives or employers) Name: \_\_\_\_\_\_ Address: \_\_\_\_\_ Phone #: (\_\_\_\_\_\_) Years known: I hereby authorize The Conservancy for CVNP to contact, obtain, and verify the accuracy of information contained in this application from all previous employers, educational institutions, and references. I also hereby release from liability The Conservancy for CVNP and its representatives for seeking, gathering, and using such information to make employment decisions and all other persons or organizations for providing such information. I understand that any misrepresentation or material omission made by me on this application will be sufficient cause for cancellation of this application or immediate termination of employment if I am employed, whenever it may be discovered. If I am employed, I understand that I will be employed at-will, and that my employment can be terminated without cause and without notice, at any time. I understand that no employee, supervisor or representative of The Conservancy for CVNP has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to my employment at-will. I understand that it is the policy of this organization not to refuse to hire or otherwise discriminate against a qualified individual with a disability because of that person's need for a reasonable accommodation to perform the essential functions of the relevant job, as required by the ADA. I also understand that if I am employed, I will be required to provide satisfactory proof of identity and legal work authorization within three days of being hired. Failure to submit such proof within the required time shall result in immediate termination of employment. I represent and warrant that I have read and fully understand the foregoing, and that I seek employment under these conditions.

Updated 5/10/2013

Date:



Applicant signature: