

The Grand Forks Park District may request a background check on all individuals who are offered employment by the Grand Forks Park District. The Fair Credit Reporting Act (1971) requires that we inform you that a background investigation may be conducted as part of our employment screening and selection process. This may include an inquiry to obtain information regarding your character, criminal history, general reputation, personal characteristics, credit report and mode of living. The main objective of this investigation is to verify information you provide on your application or during the interview process. If a report is made, you have the right to request details of the report from the consumer reporting agency.

SEPARATE APPLICATION MUST BE COMPLETED FOR EACH POSITION APPLIED FOR • PLEASE PRINT • MUST COMPLETE IN FULL

POSITION YOU ARE APPLYING FOR	Full-Time Part-Time Seasonal
Skating Instructor Concession Worker Arena Worker / Zamboni Drive Community Center Attendant Horticulture Crew Baseball / Softball C	5
	ro Shop Worker

PARTI-PERSONAL INFORMATION		
Name	Are you 18 years or older?	
Address	City, State	Zip
Daytime Phone () Evening Phone: (_) Email	
Have you worked for us before? YES NO When?	Position Held?	

PART II - EDUCATIONAL PREPARATION (High School, College / Trade School)			
Name of School, City, State	Course of Study	Degree	Graduation Date
1			
2			
3			

PART III - WORK EXPERIENCE (List las	t two jobs held, including your current job)	
Company	Phone ()	Approx. Employment Dates (eg. June 2015 - July 2016)
Supervisor	May We Contact? YES NO	If no, why?
Reason for Leaving	Describe Work Performed	
Company	Phone ()	Approx. Employment Dates
Supervisor	May We Contact? YES	(eg. June 2015 - July 2016)
Reason for Leaving	Describe Work Performed	

PART IV - EQUIPMENT / MACHINES OPERATED

PART V - OTHER EXPERIENCE / TRAINING, LICENSES / CERTIFICATES			
List any special qualifications relevant to the position for which you are applying and are not covered elsewhere in your application (such as technical skills and/or computer, childcare training, CPR, First Aid, WSI, Lifeguard Certification etc.) For licenses and certificates you must include date and place of issuance, date of expiration and be able to present a copy of certification if hired.			
PART VI - REFERENCES (Persons who can speak of your job / professional qualifications)			
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Name Phone () Relationship			
Address City, State Zip			
Name Phone () Relationship			
Address City, State Zip			
PART VII - GENERAL INFORMATION			
If hired, when could you start here? Are you available during weekends / holidays?			
Do you have a valid Driver's License? YES NO Class of License			
PART VIII - HOW DID YOU HEAR ABOUT US?			
How did you find out about the position? 🔲 Social Media 👘 Newspaper 👘 Online Job Board (Indeed.com, Jobs HQ, etc.)			
Employee Referral I Flyer/Advertisement Other (please specify):			
PART IX - AUTHORIZATION			
I CERTIFY THAT ALL FACTS CONTAINED IN THIS APPLICATION ARE TRUE AND COMPLETE TO THE BEST OF MY KNOWLEDGE AND UNDERSTAND AND AGREE THAT ANY MISSTATEMENT WILL BE GROUNDS FOR DISQUALIFICATION OR DISMISSAL FROM EMPLOYMENT BY THE GRAND FORKS PARK DISTRICT.			
I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED HEREIN AND THE REFERENCES AND EMPLOYERS LISTED TO GIVE YOU ANY AND ALL INFORMATION CONCERNING MY PREVIOUS EMPLOYMENT AND ANY PERTINENT INFORMATION THEY MAY HAVE, PERSONAL OR OTHERWISE. IF JOB OFFER, I AUTHORIZE FURTHER INVESTIGATION TO INCLUDE A BACKGROUND CHECK INTO FELONY CONVICTIONS AND CHILD NEGLECT OR ABUSE AND RELEASE THE GRAND FORKS PARK DISTRICT OF ANY LIABILITY AND ANY DAMAGE THAT MAY RESULT FROM UTILIZATION OF SUCH INFORMATION.			
I UNDERSTAND BY PROVIDING INFORMATION ON THIS APPLICATION THAT THERE IS NO CONTRACTUAL OR IMPLIED AGREEMENT BETWEEN MYSELF AND THE GRAND FORKS PARK DISTRICT.			
<u>x</u>			
Applicant Signature Date			

COMPLETE & RETURN APPLICATION TO:



P.O. BOX 12429 1060 47th Avenue South Grand Forks, ND 58208-2429

EQUAL OPPORTUNITY EMPLOYER

QUESTIONS? NEED FURTHER INFO?

WEBSITE www.gfparks.org

EMAIL hr@gfparks.org

PHONE 701.746.2750

FAX 701.746.2753