

## GRAND FORKS PARK DISTRICT CHOICE HEALTH & FITNESS

## APPLICATION FOR EMPLOYMENT

The Grand Forks Park District may request a background check on all individuals who are offered employment by the 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

Name Are you 18 years or older? YES NO  Address City, State Zip  Daytime Phone ( ) Evening Phone ( ) E-Mail  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 Date of Graduation				
Business Office Associate ~ Customer Service Associate ~ Membership Associate ~ Birthday Party Associate ~ Child Care Associate ~ Maintenance/Housekeeping Associate ~ Fitness Associate ~ Personal Trainer ~ Sports Enhancement Trainer ~ Group Cycling Instructor ~ Group Fitness Instructor ~ Yoga Instructor ~ Aquatics Instructor/Lifeguard ~ Sports & Recreation Associate ~ Basketball Instructor ~ Racquetball Instructor ~ Racquetball Professional ~ Tennis Instructor ~ Tennis Professional ~ Volleyball Instructor  PART I - PERSONAL  Name				
Name Are you 18 years or older? YES NO  Address City, State Zip  Daytime Phone ( ) Evening Phone ( ) E-Mail  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 Date of Graduation				
Address City, State Zip  Daytime Phone ( ) Evening Phone ( ) E-Mail  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 Date of Graduation				
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2. 3.				
PART III - WORK EXPERIENCE: (List last two jobs held, including your current one)				
Company         Phone ()         Supervisor				
May we Contact? YES NO If no, why? Reason for leaving				
Briefly describe work performed:				
Company Phone () Supervisor				
May we Contact? YES NO If no, why? Reason for leaving				
Briefly describe work performed:				
PART IV - EQUIPMENT/MACHINES OPERATED:				
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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		ifications):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?		
Valid Driver's License? YES NO	Class of License:			
PART VIII - AUTHORIZATION:				
I CERTIFY THAT ALL FACTS CONTAINED IN THI KNOWLEDGE AND UNDERSTAND AND AGREE OR DISMISSAL FROM EMPLOYMENT BY THE G	THAT ANY MISSTATEMENT	WILL BE GROUNDS FOR DIS		
I AUTHORIZE INVESTIGATION OF ALL STATEMILISTED TO GIVE YOU ANY AND ALL INFORMAT INFORMATION THEY MAY HAVE, PERSONAL OF TO INCLUDE A BACKGROUND CHECK INTO FEITHE GRAND FORKS PARK DISTRICT OF ANY LISUCH INFORMATION.	ION CONCERNING MY PRE R OTHERWISE. IF JOB OFF LONY CONVICTIONS AND C	VIOUS EMPLOYMENT AND A ER, I AUTHORIZE FURTHER HILD NEGLECT OR ABUSE A	NY PERTINENT INVESTIGATION .ND RELEASE	
I UNDERSTAND BY PROVIDING INFORMATION AGREEMENT BETWEEN MYSELF AND THE GRA			JAL OR IMPLIED	
X		X		
Applicant Signature	Date Date			
Complete & Return Application To:	Questions? Need Further Information?			
Choice Health & Fitness PO Box 12429	Websites:	www.gfparks.org		
4401 S. 11th St.	11000:100.	www.kingswalk.org		
Grand Forks, ND 58208-2429		www.ChoiceHF.con	<u>1</u>	
◆ CHOICE	E-mail:	gfparks@gfparks.or		
HEALTH & FITNESS	Phone:	(701) 746-2790 <b>Fax</b> :	(701) 746-2793	

**EQUAL OPPORTUNITY EMPLOYER**