

**Administrative Office**  
**401 N. Morton Street, Suite 250**  
**P.O. Box 848**  
**Bloomington, IN 47402**  
**Phone (812)349-3700**  
**Fax (812)349-3705**



**CITY OF BLOOMINGTON**  
**parks and recreation**

**Operations Center  
545 South Adams  
Bloomington, IN 47404**

## OPERATIONS DIVISION

## Application for Temporary/Seasonal Employment

## PERSONAL INFORMATION

Name \_\_\_\_\_  
*Last First Middle*

Address				
Number	Street	City	State	Zip Code

**Social Security Number** \_\_\_\_\_ **Telephone Number** \_\_\_\_\_

**Present Occupation** \_\_\_\_\_

Date Available

## EDUCATION

High School (or G.E.D.) \_\_\_\_\_ Graduate? ☐ Yes ☐ No

**Vocational School** \_\_\_\_\_ **Graduate?** ☐ Yes ☐ No

College \_\_\_\_\_ Graduate? ☐ Yes ☐ No

## EMPLOYMENT HISTORY

DATES EMPLOYED	ORGANIZATION	POSITION	SUPERVISOR	PHONE NUMBER

## APPLICABLE EXPERIENCE, KNOWLEDGE, TRAINING, AND JOB SKILLS

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## CHARACTER REFERENCES (*Other than relatives and past employers*)

Name	Relationship	Phone Number
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

## OTHER INFORMATION

Have you ever been convicted of *or* are you currently charged with any crime or has your driver's License been suspended? (A current charge or conviction will not necessarily disqualify an applicant from employment.) ☐ Yes ☐ No

Are you prevented from lawfully becoming employed in the U.S.? ☐ Yes ☐ No  
Please explain: 

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Do you have a valid Driver's License? ☐ Yes ☐ No

Do you have a valid CDL License? ☐ Yes ☐ No

Do you have a reliable means to get to work? ☐ Yes ☐ No

## LIST SPECIFIC POSITION(S) DESIRED AS TITLED ON THE JOB DESCRIPTION

(1) 

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(2) 

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(3) 

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## ACKNOWLEDGEMENT

I hereby certify that all of the above questions are fully, correctly, and truthfully answered and I authorize this employer to contact my former employers, references, and other sources in order to verify the facts furnished regarding my character and qualifications. I understand that the job(s) for which I am applying may be subject to a criminal history check. I hereby release any such employer or persons liability of any nature on account of furnishing such information. I understand that any misleading, incorrect, or untruthful statements may render this application void; and if I am employed, would be just cause for termination of my employment.

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Name (print) 

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Signature 

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Date

**NOTE:** You will be contacted ONLY if selected for an interview.

STAFF USE



## Voluntary Affirmative Action Information Survey City of Bloomington

***We are an Equal Opportunity Employer*** Answering the following questions will help us meet our recording requirements for the Equal Employment Opportunity Commission and our Affirmative Action Program. This information is used for statistical purposes only, and is kept confidential. Voluntary Affirmative Action Surveys are separated from the application before being reviewed by the Department that is hiring. *The managers making the hiring decisions do not have access to this information.*

It is the City of Bloomington's policy to encourage and support equal employment opportunities for all applicants and employees without regard to race, color, ancestry, sex, religious creed, national origin, physical disability, mental disability, medical condition, age, marital status, political affiliation, sexual orientation, housing status, or disabled veteran or Vietnam era veteran status. Employment decisions will be evaluated on the basis of an individual's skills, knowledge, abilities, job performance and other legitimate qualifications. Thank you for helping us maintain accurate records for the Affirmative Action Program.

**Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_ **Zip code (home):** \_\_\_\_\_

**Position Applied For:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Gender:** ☐ MALE ☐ FEMALE

**Where did you learn of the Job Vacancy? (select all that apply):**

☐ Unemployment Office ☐ Word of Mouth ☐ Internet/ Web page  
☐ City Job Posting Bulletin Board ☐ Newspaper \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Ethnicity (please select all that apply):**

☐ Black/African-American ☐ American Indian/Alaskan Native ☐ Asian  
☐ Hispanic/Latino ☐ White (non-Hispanic) ☐ Native Hawaiian/Other Pacific Islander  
☐ Other \_\_\_\_\_

**Are you disabled?\*** ☐ Yes ☐ No

**Are you a disabled veteran?\*\*\*** ☐ Yes ☐ No

**Are you a Vietnam-era veteran?\*\*** ☐ Yes ☐ No

**Are you an "other veteran"?\*\*\*\*** ☐ Yes ☐ No

\*Under the American with Disabilities Act (ADA), "an individual with a disability is a person who: 1) physical or mental impairment that substantially limits one or more major life activities, 2) has a record of such impairment or 3) is regarded as having such as an impairment."

\*\* A Vietnam-era veteran is defined as a person who served on active duty for more than 180 days, any part of which occurred during the period August 5, 1964 to May 7, 1975.

\*\*\* A disabled veteran is defined as a person who is entitled to compensation under the laws administered by the Veterans Administration for disability, or whose discharge or release from active duty was for a disability incurred or aggravated in the line of duty.

\*\*\*\*An "other veteran" is defined as a person who served on active duty during a war or in a campaign or expedition for which a campaign badge, a service medal, or an expeditionary medal has been authorized. "War" includes veterans with active duty service between December 7, 1941 and April 28, 1952, officially designated as World War II. Active duty veterans of Korea, Vietnam, Desert Shield/Storm and other campaigns or expeditions are included because those actions were designated with a campaign badge or medal.

## CITY OF BLOOMINGTON BACKGROUND CHECK AUTHORIZATION

**\*\*\* All information must be legible \*\*\***

I hereby authorize the City of Bloomington to conduct criminal background checks to determine my eligibility for employment or continued employment.

I understand that the City is asking for my date of birth, previous names and previous addresses only in order to conduct background checks and for no other reason.

By signing below, I hereby authorize the City of Bloomington to conduct background checks on me. I hereby release the City of Bloomington from any liability related to the procurement and/or disclosure of any information provided by me or obtained about me in connection with my application for employment with the City of Bloomington. I understand that any information gathered as a result of background checks will be kept confidential. I make this waiver knowingly and voluntarily.

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
other names used (if applicable)

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Current address (include city, state and zip code)

\_\_\_\_\_  
Previous Address if current address is less than 1 year  
(include city, state, and zip code)

Office Use Only:

Program/Area \_\_\_\_\_

Supervisor \_\_\_\_\_