

## CITY OF BLOOMINGTON parks and recreation 401 N. Morton Street, Suite 250

401 N. Morton Street, Suite 250 PO Box 848 Bloomington, IN 47402 www.bloomington.in.gov/parks

Phone (812) 349-3700 Fax (812) 349-3705

## List Specific position(s) desired as titled on the job posting:

1.	
2.	
3.	
4.	

The city of Bloomington is an Equal Opportunity Employer. Reasonable accommodations to people with disabilities available upon request to Employee Services.

A DATE								
NAMEFirst		Middle			Last			
esent Address								
N	lumber	Street	City		State	Zip		
rmanent Address								
	Tumber Telephone ()	Street	City		State	Zip		
cial Security Number	er	<del>-</del>	Prese	nt Occupa	tion			
te of Availability		Transportation Status	(check o	ne)	Avail	able	Not Available	
DUCATION								
		Institution				Degree		
	(beginning w	ith high school)				Major/Minor		
ERTIFICATIONS		E ' 4' D 4	SF	ORTS OF	FFICIATING			
ındard First Aid		Expiration Date	Ra	seball	Тур	e	Valid Thru	
P.R.				sketball				
eguard Training				ftball				
nter Safety Instructor				Hockey				
ness				lleyball				
blic Passenger Chauf	fer Lic.			,				
mmercial Drivers Lic	cense							
ner (Specify):								
ease circle those are	as in which you have	e had special training of	r would b	e prepare	d to teach.			
aptive Recreation	Computers	Health & Fitnes		Senior C		Other		
ult Education	Dance	Homemaking		Social R	ecreation			
uatics	Drama	Ice Skating		Sports				
ts & Crafts	Foreign Language			Travel				
mp Counseling	Gardening	Outdoor Interpr	retation					
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r tnose areas you na	ive circiea, piease re	late specific experience	S.					
			_			Office U	se Only:	
						522200 01	<del> J •</del>	

Dates nployed	Name of Organization	Position	Supervisor	Phone
YOU EVER B	EEN EMPLOYED BY THE BLO	DOMINGTON PARKS AND RE	CCREATION DEPART	MENT? Yes
Dates mployed	Division	Position	Supervisor	Phone
RENCES (Othe	r Than Relatives and Past Emplo	yers)		
	Name	Phone	Relationsh	nip
or conviction w		pplicant from employment. If y	res, please explain (circl and/or legal guardian <i>ar</i> VT	le one) yes
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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.

Date Signature

## Voluntary Affirmative Action Information Survey City of Bloomington – 2015

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, 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:						
ate:Zip code (home):						
Position Applied For:						
Date of Birth:	Age:	Gender: [ ] MALE [ ] FEMALE				
Where did you learn of the Job Vac	ancy? (select all that ap	oply):				
[ ] Unemployment Office [ ] Word of Mouth		[ ] Internet/ Web page				
[ ] City Job Posting Bulletin Board	[ ] Newspaper	[ ] Other				
Ethnicity (please select all that apply	y):					
[ ] Black/African-American	[ ] American India	n/Alaskan Native [ ] Asian				
[ ] Hispanic/Latino	[ ] White (non-His	panic) [ ] Native Hawaiian/Other Pacific Islande				
[ ] 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 (AD more major life activities, 2) has a record of suc		pility is a person who: 1) physical or mental impairment that substantially limits one or as having such as an impairment."				
** A Vietnam-era veteran is defined as a perso. May 7, 1975.	n who served on active duty fo	or more than 180 days, any part of which occurred during the period August 5, 1964 to				

\*\*\* 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

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	Social Security number
Printed name	Other names used (if applicable)
Date	Date of birth
Current address (include city, st	ate and zip code) line #1
Previous Address if current address	,