



**CITY OF
BLOOMINGTON**
PARKS AND RECREATION
401 N. Morton Street, Suite 250
PO Box 848 Bloomington, IN 47402
bloomington.in.gov/parks
email: parks@bloomington.in.gov
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 are available from Human Resources upon request.

Name _____
First Middle Last

Present Address _____
Number Street City State ZIP
Telephone () Email _____

Permanent Address _____
Number Street City State ZIP
Telephone () Email _____

Present Occupation _____

Date of Availability _____ Transportation Status (check one) _____ Available _____ Not Available

EDUCATION

Name of Institution (Beginning with high school)	Degree Major/Minor

CERTIFICATIONS

	Expiration Date
Standard First Aid	_____
C.P.R.	_____
Lifeguard Training	_____
Water Safety Instructor	_____
Fitness	_____
Public Passenger Chauffer Lic.	_____
Commercial Drivers License	_____
Other (Specify):	_____

SPORTS OFFICIATING LICENSES

Type	Valid Thru
Baseball	_____
Basketball	_____
Softball	_____
Ice Hockey	_____
Volleyball	_____
Other	_____

Please check those areas in which you have had special training or would be prepared to teach.

- | | | | |
|--|--|---|---------------------------------|
| <input type="checkbox"/> Adaptive Recreation | <input type="checkbox"/> Dance | <input type="checkbox"/> Gardening | <input type="checkbox"/> Music |
| <input type="checkbox"/> Aquatics | <input type="checkbox"/> Drama | <input type="checkbox"/> Health & Fitness | <input type="checkbox"/> Sports |
| <input type="checkbox"/> Arts & Crafts | <input type="checkbox"/> Environmental Education | <input type="checkbox"/> Other | _____ |
| <input type="checkbox"/> Camp Counseling | <input type="checkbox"/> Foreign Language | <input type="checkbox"/> Ice Skating | _____ |

For those areas you have circled, please relate specific experiences.

Office Use Only:

_____	_____
_____	_____
_____	_____

Dates Employed	Name of Organization	Position	Supervisor	Phone

Dates Employed	Department/Division	Position	Supervisor	Phone

Name	Phone	Relationship

[illegible]

Date Signature of applicant



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):

- | | | |
|--|--|---|
| <input type="checkbox"/> Unemployment Office | <input type="checkbox"/> Word of Mouth | <input type="checkbox"/> Internet/ Web page |
| <input type="checkbox"/> City Job Posting Bulletin Board | <input type="checkbox"/> Newspaper _____ | <input type="checkbox"/> Other _____ |

Ethnicity (please select all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Black/African-American | <input type="checkbox"/> American Indian/Alaskan Native | <input type="checkbox"/> Asian |
| <input type="checkbox"/> Hispanic/Latino | <input type="checkbox"/> White (non-Hispanic) | <input type="checkbox"/> Native Hawaiian/Other Pacific Islander |
| <input type="checkbox"/> 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 _____