

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  The City of Bloomington is an Equal Opportunity Employer. Reasonable Name  First Midde						
Present Address	Number Telephone (	Street	City Emai	State		
Permanent Address						
r er manent Address	Number	Street	City Emai	State 1	ZIP	
Present Occupation	I					
Date of Availability		Transportation Statu	Transportation Status (check one)		Available	Not Available
EDUCATION						
	S		SPORTS	OFFICL	ATING LICENSES	<u> </u>
Standard First Aid C.P.R. Lifeguard Training Water Safety Instruc Fitness Public Passenger Char Commercial Drivers Other (Specify):	auffer Lic.	Expiration Date	Baseball Basketbal Softball Ice Hocke Volleybal Other	ey	Type	Valid Thru
□ Adaptive Recreati □ Aquatics □ Arts & Crafts	on Dance Drama	have had special training of Gardening Health & Fi	$\square$ M	usic orts	each.	
☐ Camp Counseling	☐ Foreign La					
	☐ Foreign La	se relate specific experience	es.	Г	Office U	se Only:

MOST RECENT	WORK EXPERIENCE (last thro	ee years)			
Dates Employed	Name of Organization	n	Position	Supervisor	Phone
AVE YOU EVE	ER BEEN EMPLOYED BY THE	CITY OF BL	OOMINGTON?	Yes No	
Dates Employed	Department/Division	1	Position	Supervisor	Phone
Employed					
					-
EFERENCES (	other than relatives and past emp	oloyers)			
	Name		Phone	Relationsh	ip
Iava van avan ba	en convicted of, or are you currer	ntly abangod r	with any opima op ha	s vous deivos?s license boo	n suspended?
	r conviction will not necessarily dis				n suspended.
yes, please expl	ain:				
CKNOWLEDGE	EMENT: I hereby certify that all the	above question	s are fully, correctly, a	nd truthfully answered and I	authorize this employe
	er employers, references, and other so the job(s) for which I am applying				
mployer or persons	s from liability of any nature on according to the street street in the same of the street in the st	unt of furnishir	ng such information. I u	nderstand that any misleadin	g, incorrect, or
	n offer of employment does not creat				
		1' · · ·			
Date	Signature	e 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:							
	zip code (home):						
Position Applied For:							
Date of Birth:	Age:	Gender: [] MALE [] FEMALE					
Where did you learn of the Job Vaca	ancy? (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	y):						
[ ] 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."

<sup>\*\*</sup> 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.

<sup>\*\*\*</sup> 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.

<sup>\*\*\*\*</sup>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  Printed name		Date
		other names used (if applicable)
Date of Birth Place of Birth (City/S		city/State)
Social Securi	ry Number	
Current addr	ess (include city, state	and zip code)
	ress if current address state, and zip code)	is less than 1 year
	Office	e Use Only:
	Program/Area	
	Supervisor	