

CITY OF PARK HILLS
APPLICATION FOR SEASONAL EMPLOYMENT

NAME (Please Print) _____

ADDRESS _____ PHONE # _____

CELL # _____

SEX: M _____ F _____ SOCIAL SECURITY # _____

HAVE YOU EVER WORKED FOR THE CITY OF PARK HILLS? _____

If yes, when and what job? _____

Do you have any relatives working for the City? _____ If yes, give names and
relationship: _____

POSITION DESIRED: _____

RELATED EXPERIENCE FOR THIS POSITION: _____

ARE YOU LEGALLY ELIGIBLE FOR EMPLOYMENT IN THIS COUNTRY?

EDUCATION: HIGH SCHOOL GRADUATE? _____ IF NO, HIGHEST
GRADE COMPLETED _____

COLLEGE GRADUATE? _____ DEGREE, IF ANY _____

SPECIAL TRAINING _____

LIST PREVIOUS EMPLOYMENT (Beginning With Most Recent)

I understand that, if hired, my employment would be "at-will" and could be
terminated at any time by either party, with or without cause and with or without
notice.

(SEE REVERSE SIDE)

I understand that the City of Park Hills has a drug and alcohol policy that provides for pre-employment testing as well as random testing for certain job classifications after employment. I understand that consent to and compliance with the policy is a condition of my employment.

If employed by the City of Park Hills, I agree to abide by its rules and regulations.

I certify that the statements I have made are true and correct to the best of my knowledge. I understand that the submission of any false information or the omission of any requested information in connection with my application for employment, whether on this document or not, may be cause for failure to hire or for immediate discharge should I be employed by the City of Park Hills.

I hereby warrant that I have read and fully understand the foregoing and seek employment under these conditions of my own free will and in accordance with my own free judgment.

Signature

Date

Complete this form along with application.

DISCLOSURE and AUTHORIZATION – BACKGROUND INVESTIGATION

In connection with my application for employment or to serve as a volunteer with **City of Park Hills** ("Client"), I understand that a "consumer report" and/or "investigative consumer report", as defined by the Fair Credit Reporting Act, will be requested by Client for employment or volunteer purposes, whichever is applicable, from Protect Youth Sports, Inc., ("Protect Youth Sports"), a consumer reporting agency as defined by the Fair Credit Reporting Act. These reports may include information as to my character, general reputation, personal characteristics or mode of living, whichever are applicable. They may involve interviews with sources such as my neighbors, friends or associates. The report may also contain information about me relating to my criminal history, credit history, driving and/or motor vehicle records, social security number verification, verification of education or employment history, worker's compensation (only after a conditional job offer) or other background checks. Such reports may be obtained at any time after receipt of this Disclosure and Authorization and if I am hired or serve as a volunteer, whichever is applicable, throughout the course of my employment or volunteer service, as permitted by law and unless revoked by me in writing. I understand that I have the right, upon written request made within a reasonable amount time after the receipt of this notice, to request disclosure of the nature and scope of any investigative consumer report to Protect Youth Sports, Inc., 14499 N. Dale Mabry Hwy., Suite 201 South, Tampa, FL 33618 or 1-877-319-5587. For information about Protect Youth Sports' privacy practices, see www.protectyouthsports.com.

Acknowledgement and Authorization

By signing below, I voluntarily and knowingly authorize Client or its authorized agents to obtain or prepare consumer reports or investigative consumer reports about me. I acknowledge receipt of a copy of *A Summary of Your Rights under the Fair Credit Reporting Act* and certify that I have read this Disclosure and Authorization as well as the summary explaining my rights under the Fair Credit Reporting Act

☐ I wish to receive a copy of any report on me that is requested.

_____, TODAY'S DATE _____
Signature

LAST NAME _____ FIRST NAME _____ MIDDLE NAME/INITIAL _____

HOME ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

SSN _____ D/L or STATE ID _____ STATE ISSUED _____

EMAIL ADDRESS _____

For identification purposes only, please provide FULL DOB: _____

Please List Other Names Used _____

Protect Youth Sports, Inc.
14499 Dale Mabry Hwy, Ste 201 South
Tampa, FL 33618
Phone: 877-319-5587 Fax: 800-319-5582