



SALEM COMMUNITY CENTER
 1098 NORTH ELLSWORTH AVENUE
 SALEM, OHIO 44460

APPLICATION FOR EMPLOYMENT
Part-time (24 hrs/week)

APPLICANT INFORMATION			
Last Name	First	Middle	Date
Street Address			Home Phone () -
City, State Zip			Cell Phone () -
E-mail Address			Desired Salary
Date Available		Current full-time Kent State University Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Position(s) Desired (Check all that apply.)			
<input type="checkbox"/> Fitness Floor <input type="checkbox"/> Childcare <input type="checkbox"/> Lifeguard <input type="checkbox"/> Front Desk <input type="checkbox"/> Maintenance <input type="checkbox"/> CenterPlex Other _____			
Are you a citizen of the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, are you authorized to work in the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever worked for SCC? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when?			
Are you related to a current/past SCC employee? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who?			
Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain			
Have you ever been discharged from a job or asked to resign? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain			

AVAILABILITY: The SCC is open seven days per week and closed most major holidays. Applicants must be willing to work during operational hours. (Maximum of 24 hours)

If you have a specific schedule we would need to work around, please describe below:

Please attach your college schedule if applicable.

EDUCATION

School	Name & Location of School	Course of Study	No. of Years	Did you graduate?	Degree
Graduate School					
College					
Business/Trade					
High School					

CERTIFICATIONS

<input type="checkbox"/> First Aid Expiration Date _____ <input type="checkbox"/> Red Cross <input type="checkbox"/> Other _____	<input type="checkbox"/> AED Expiration Date _____ <input type="checkbox"/> Red Cross <input type="checkbox"/> Other _____
<input type="checkbox"/> CPR Expiration Date _____ <input type="checkbox"/> Adult <input type="checkbox"/> Child <input type="checkbox"/> Infant <input type="checkbox"/> Red Cross <input type="checkbox"/> Other _____	<input type="checkbox"/> Bloodborne Pathogens Expiration Date _____ <input type="checkbox"/> CPR for Professional Rescuer Expiration Date _____
<input type="checkbox"/> Lifeguard Training Expiration Date _____ <input type="checkbox"/> Red Cross <input type="checkbox"/> YMCA <input type="checkbox"/> BSA <input type="checkbox"/> Other _____	<input type="checkbox"/> Water Safety Instructor Expiration Date _____
<input type="checkbox"/> Other Certifications _____ Expiration Date _____	

REFERENCES

Please list three personal references

Full Name	Relationship
Address	Phone () -
Full Name	Relationship
Address	Phone () -
Full Name	Relationship
Address	Phone () -

EMPLOYMENT HISTORY		Please give accurate and complete full-time and part-time employment record. Start with present or most recent employer.		
1	Company Name	Phone () -		
	Address	Name of Supervisor		
	Job Title	Starting Salary \$	Ending Salary \$	
	Responsibilities			
	Employed From	To	Reason for Leaving	
	May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
	2	Company Name	Phone () -	
Address		Name of Supervisor		
Job Title		Starting Salary \$	Ending Salary \$	
Responsibilities				
Employed From		To	Reason for Leaving	
May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3		Company Name	Phone () -	
	Address	Name of Supervisor		
	Job Title	Starting Salary \$	Ending Salary \$	
	Responsibilities			
	Employed From	To	Reason for Leaving	
	May we contact your previous supervisor for a reference?		<input type="checkbox"/> Yes	<input type="checkbox"/> No

MILITARY EXPERIENCE	
Describe duties and special training:	Branch of Service _____
_____	Period of Active Duty (MM/YY) From: _____ To: _____
_____	Rank at Discharge _____
_____	Final Discharge Date _____

RELEASE

I hereby authorize the **Salem Community Center** (hereinafter referred to as SCC) and/or its designated agents and/or any consumer reporting agencies to research my background including, but not limited to, the obtaining of consumer reports, financial information through credit bureaus or consumer reporting agencies, my driving history, criminal charges or convictions, or any public record information, or any other area designated necessary to fully evaluate my character and integrity to be utilized in the consideration for employment, reassignment, or promotion with said employer. I agree that the SCC may obtain a criminal records check from the Bureau of Criminal Identification and Investigation. I will also complete a fingerprint impression sheet at the request of the SCC or as required by law for the position for which I am being considered. I further authorize the designated agents of the SCC to release any information known to them regarding my background that might be on file as a result of my employment history. I grant the SCC the right to obtain information concerning my past employment record and I authorize the investigation of all statements contained in this application and any subsequent process. I do hereby waive any notice required by law with respect to the SCC's requesting of said information or the disseminating of any such reports. I agree to release and hold harmless the SCC and/or any of their designated agents that have been involved in the evaluation or reporting of information regarding my background as listed above. I further understand and agree that my employment or retention thereof by the SCC may be determined in part or solely on any information obtained regarding my background through information available to the SCC or obtained through their designated agents.

My previous employer knew me by the name _____
(please print)

I understand that the SCC is a community wellness facility and I am willing to submit to a physical examination if so required, including drug testing and thereafter, periodic physical examinations, which may also include drug testing, as may be required by the SCC and/or its Affiliated Companies. I agree to be photographed as a condition of my employment. If I am employed, I agree to comply with, and be bound by the SCC safety rules, and all other rules, regulations and policies of the SCC. Furthermore, I recognize that violation of these rules, regulations and policies may result in discipline, including termination. I understand that if employed, my employment will be subject to the conditions of any applicable probationary/training period established by the SCC.

I understand that in the event of my employment, the effective date of my employment shall be the date I actually commence work. I acknowledge that, if hired, my employment with the SCC shall not be fixed as to duration and the SCC and I both retain the right to terminate my employment with the SCC at any time. I also understand that acceptance of an offer of employment does not create an employment contract, oral or written, express or implied. I further understand that no employee or representative of the SCC has the authority, at present or future, to promise me any benefit or make any contract with me, oral or written, express or implied, except the Executive Director of the SCC, who can enter into contracts only in writing.

The information in this Application for Employment is true, correct, and complete. I understand and agree that misrepresentations or omission of facts called for on this application is sufficient cause for rejection of this application or for subsequent dismissal from employment.

A copy of this release will serve as an original.

(X) _____
Signature Date

(X) _____
Signature of Parent or Legal Guardian (Only if working under "Student School Work Permit) Date

Expiration of Application

This application will be considered only for those positions applied for and will expire one year from the date of submission. Applicants considered for employment after this time period should complete and submit a new application.