

# Independent Contractor Application

City of Groveport, OH  
 Recreation Department  
 7370 Groveport Rd. • Groveport, OH 43125  
 614-836-1000 Office • 614-836-2999 Fax

The City of Groveport considers applications for all positions without regard to race, color, religion, creed, sex, sexual orientation, national origin, disability, citizenship status or any other legally protected status. Please print neatly or type. An incomplete application may result in lost employment opportunity. Please be honest and truthful regarding all items and questions.

Current Date: \_\_\_\_ - \_\_\_\_ - \_\_\_\_

Positions Applying For:		1 <sup>st</sup> Choice: _____ 2 <sup>nd</sup> Choice: _____ 3 <sup>rd</sup> Choice: _____				
First Name, Middle Name, Last Name:		Maiden Name or Alias:				
Present Address (Street, City, Zip Code):		Permanent Address (Street, City, State, Zip Code)				
Primary Phone:	Alternate Phone:	Best Time To Contact You:				
Email Address:		Social Security Number (Voluntary):				
Are you 18 years of age or older?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If NO, provide date of birth: ____/____/____						
Are you able to provide proof of your lawful authorization to work in the United States?..... <input type="checkbox"/> Yes <input type="checkbox"/> No (Proof of citizenship or immigration status will be required upon employment)						
Do you have a valid Ohio Driver License?..... <input type="checkbox"/> Yes <input type="checkbox"/> No DL Number: _____ Expires: ____/____/____						
Has your driver license ever been revoked/suspended?..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you ever been convicted of a felony?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, explain: _____						
Have you ever filed an application with the City of Groveport before?..... <input type="checkbox"/> Yes <input type="checkbox"/> No						
Have you lived in Ohio less than five consecutive years?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, in what state(s) did you live: _____						
Do you have any relatives working or serving on any board, commission or council (paid or unpaid) for the City of Groveport?..... <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, state their name and relationship to you: _____						
When are you available to work? (List specific hours you are available to work each day)						
Mon.	Tue.	Wed.	Thurs.	Fri.	Sat.	Sun.
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:
From:	From:	From:	From:	From:	From:	From:
To:	To:	To:	To:	To:	To:	To:
Date available for work: ____/____/____		Have you ever worked in the field of Parks & Recreation in the past?..... <input type="checkbox"/> Yes <input type="checkbox"/> No				

**Please attach a copy of all pertinent certifications to your application.**

# Employment History:

Start with your present or most recent job. List all jobs (including military service) for at least the past ten years. Your qualifications will be evaluated solely on the application form and, if applicable, any supplemental interview or questionnaire. Resumes may be attached, but may not be substituted for the requested information.

Does your present employer know that you are looking for new employment?.....  Yes  No

1. Place of Employment: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Time: \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
Mo./Yr. Mo./Yr. Yrs./Mo.

Description of Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?.....  Yes  No

\* \* \* \* \*

2. Place of Employment: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Time: \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
Mo./Yr. Mo./Yr. Yrs./Mo.

Description of Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?.....  Yes  No

\* \* \* \* \*

3. Place of Employment: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Kind of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Supervisor's Name & Title: \_\_\_\_\_ Starting Wage: \$ \_\_\_\_\_

Employment Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Time: \_\_\_\_\_ Ending Wage: \$ \_\_\_\_\_  
Mo./Yr. Mo./Yr. Yrs./Mo.

Description of Work Performed: \_\_\_\_\_

Reason for Leaving: \_\_\_\_\_

May we contact this employer if you are considered for the position?.....  Yes  No

\* \* \* \* \*

Have you ever been terminated? .....  Yes  No

If YES, explain: \_\_\_\_\_

## Education:

Circle the HIGHEST grade completed:			
Grade School 1 2 3 4 5 6 7 8	High School 9 10 11 12	College 13 14 15 16	Post Graduate M.A. Ph. D.
<b>High School Attended:</b>			
Name:		High school graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		If not, did you obtain a G.E.D.? <input type="checkbox"/> Yes <input type="checkbox"/> No	
City:		State:	Zip:

<b>College or University Attended:</b>			
Name:		Major: _____	
		Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Attended:	City:	State:	Zip:

<b>College or University Attended:</b>			
Name:		Major: _____	
		Degree Received? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Attended:	City:	State:	Zip:

<b>Trade or Technical School Attended:</b>			
Name:		Major: _____	
		Degree/Certificate Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Dates Attended:	City:	State:	Zip:

## Volunteer Work/Internships:

1. Location: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_

Volunteer Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Time: \_\_\_\_\_  
Mo./Yr. Mo./Yr. Yrs./Mo.

Description of Work Performed: \_\_\_\_\_

2. Location: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Kind of Business: \_\_\_\_\_ Supervisor's Name & Title: \_\_\_\_\_

Volunteer Dates: From: \_\_\_\_\_ To: \_\_\_\_\_ Total Time: \_\_\_\_\_  
Mo./Yr. Mo./Yr. Yrs./Mo.

Description of Work Performed: \_\_\_\_\_

## Computer & Additional Relevant Experience:

Skill Set: 1 = minimal experience 2 = formal training 3 = paid experience p = participant

\_\_\_ Word \_\_\_ Publisher \_\_\_ Excel \_\_\_ Power Point \_\_\_ RecTrac \_\_\_ Driving

\_\_\_ Fitness \_\_\_ Athletics \_\_\_ Child Care \_\_\_ Swimming \_\_\_ Rock Climbing

\_\_\_ Crafts \_\_\_ Officiating \_\_\_ Coaching \_\_\_ Grounds Maintenance

Athletics, please list: \_\_\_\_\_ Officiating, please list: \_\_\_\_\_

Coaching, please list: \_\_\_\_\_ Fitness, please list: \_\_\_\_\_

