

**Indiana State Park Inns**

# Employment Application

*Type or print all information legibly.*  **Date of Application:**      

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| Last 4 digits of Social Security No. | | | | | Last Name | | | | | | | | | First Name | | | | | | | | | | Middle Name | | |
| Address (Street number and name) | | | | | | | | | | | | | City | | | | | | | | | | | State | | |
| Zip | | Email Address: | | | | | | | Phone (Number where you can be reached) | | | | | | | | | | | | | Cell Phone | | | | |
| Are you over the age of 18?  YES  NO | | | Date of birth if under 18 years of age:        mm/dd/yy | | | | | | | | | Are you legally authorized to work in the US?  YES  NO | | | | | | | | | | | | | | |
| **Availability:** Check all the types of work that apply:  1. Full-time  2. Part-time  3. Temporary  4. Any  5. Days  6. Evenings  7. Weekends  8. Holidays  9. Overtime Potential Start Date:      \_\_\_ | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Job Applied For**  Title of job applying for: Job Title: | | | | | | | | | | **Referral Source**: How did you hear about this job opportunity? Did anyone refer you?       ­­­­­­­­­­­­­­­­­­ | | | | | | | | | | | | | | | | |
| Have you ever worked for an Indiana State Park Inn?  YES  NO | | | | Are you related to any person now working for this Inn or another Indiana State Park Inn?  YES  NO  If yes, give name, relationship to you and the Inn where employed:       \_\_\_\_\_ | | | | | | | | | | | | | | | | | | | | | | |
| **Education**  Highest grade completed: | | | | | | | | Under Credit Hours list the hours of credit received and if they were semester (S) or quarter (Q) hours. | | | | | | | | | | | | | | | | | | |
| **Schools** | **Name and Location** | | | | | **Number**  **of Yrs Attended** | | | | | **Grad?** | | | | | | **Credit Hrs.** | | | **Major/Minor Course Work** | | | | | | **Type of Degree Received** |
| High School |  | | | | |  | | | | | YES  NO | | | | | |  | | |  | | | | | |  |
| College(s)  University (s) |  | | | | |  | | | | | YES  NO | | | | | |  | | |  | | | | | |  |
| Graduate,  Professional, or Vocational |  | | | | |  | | | | | YES  NO | | | | | |  | | |  | | | | | |  |
| Special training programs and seminars you have completed in the last five years (list): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Licenses and certifications (List, giving dates and sources of issuance): | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Do you possess a valid Driver’s License?  YES  NO  If needed for the position, please provide the following information: State issued       Expiration date  Do you hold a commercial driver’s license?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Have you ever been convicted of a crime, other than a minor traffic violation, that has not been expunged by a court? Notice: A “yes” response will not necessarily eliminate you from consideration for employment.  YES  NO If yes, provide information regarding the conviction (offense, date, and sentence). | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Conviction Response: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Work Experience:** List below, beginning with your most recent position, all of your work experience, including military service and all volunteer activities. If your title and duties changed substantially in the course of your employment in any one organization, indicate such changes clearly and as separate employment. Experience that cannot be confirmed is not acceptable. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Title of present or previous job: | | | | | | | From  (MM/DD/CCYY): | | | | | | | | | To  (MM/DD/CCYY): | | | | | | | | | Hours worked per week: | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | |
| Name of Employer / Organization and Address (number and street, city, state, zip code) | | | | | | | | | | | | | | | | | | | | | Telephone number (area code) | | | | | |
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| Name of Supervisor / Title: | | | | | | | | | | | | | | | | | | | Number of staff you supervised: | | | | | | | |
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| Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | | | | | | | | | | | | | | | Final Salary  $       Per | | | |
| Title of present or previous job: | | | | | | | From  (MM/DD/CCYY): | | | | | | | | | To  (MM/DD/CCYY): | | | | | | | | | Hours worked per week: | |
|  | | | | | | |  | | | | | | | | |  | | | | | | | | |  | |
| Name of Employer / Organization and Address (number and street, city, state, zip code) | | | | | | | | | | | | | | | | | | | | | Telephone number (area code) | | | | | |
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| Name of Supervisor / Title: | | | | | | | | | | | | | | | | | | | Number of staff you supervised: | | | | | | | |
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| Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | | | | | | | | | | | | | | | Final Salary  $       Per | | | |
| Title of present or previous job: | | | | | | | From  (MM/DD/CCYY): | | | | | | | | | To  (MM/DD/CCYY): | | | | | | | | | Hours worked per week: | |
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| Name of Employer / Organization and Address (number and street, city, state, zip code) | | | | | | | | | | | | | | | | | | | | | Telephone number (area code) | | | | | |
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| Name of Supervisor / Title: | | | | | | | | | | | | | | | | | | | Number of staff you supervised: | | | | | | | |
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| Describe the duties of your position in the order of importance. Indicate what machinery or office equipment was utilized. | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Reason for Leaving: | | | | | | | | | | | | | | | | | | | | | | | Final Salary  $       Per | | | |
| Have you ever been terminated from an employer for reason other than downsizing?  YES  NO Reason: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| I certify that there are no misrepresentations in or falsifications of these statements and answers. I am aware that should investigations disclose such, my application may be disqualified and my future applications may not be accepted. I authorize any person, agency, partnership, or corporation having any information concerning my background, educational record, or employment record to release such information. This information is to be used for possible employment with the Indiana State Park Inns. I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “at will” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause.  In the event of employment, I understand that the Indiana State Park Inns will use E-verify to verify my ability to work in the United States and false or misleading information given in my application or interview(s) may result in discharge. I understand that this employer has a smoke free workplace and smoking is prohibited within eight feet of all entrances. I understand, also, that I am required to abide by all rules and regulations of the employer. | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **References (Please do not list relatives as references)** | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Title of Reference: | | | | | | | | | | | | | | | | | | Area Code and Telephone Number  (   ) | | | | | | | | |
| Address (number and street, city, state, zip code) | | | | | | | | | | | | | | | | | | Personal  Professional | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Title of Reference: | | | | | | | | | | | | | | | | | | Area Code and Telephone Number  (   ) | | | | | | | | |
| Address (number and street, city, state, zip code) | | | | | | | | | | | | | | | | | | Personal  Professional | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name and Title of Reference: | | | | | | | | | | | | | | | | | | Area Code and Telephone Number  (   ) | | | | | | | | |
| Address (number and street, city, state, zip code) | | | | | | | | | | | | | | | | | | Personal  Professional | | | | | | | | |
| Email address: | | | | | | | | | | | | | | | | | | | | | | | | | | |

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| **Equal Employment Opportunity Information** | |
| The following information is requested in order to ensure equal employment opportunity and for record keeping purposes only. Disclosure is completely voluntary. Your application will not be rejected if you chose not to disclose the requested information. If you choose to disclose the following information, it will not be used to discriminate against you in the employment process. | |
| Last four digits of Social Security Number: | |
| Part 1 – Race | |
| Check One:  White  Hispanic  Asian or Pacific Islander  Black  American Indian or Alaskan Native  Other (specify) | |
| Part 2 – Sex (Gender) | Part – 3 Age |
| Check One:  Male  Female | Are you over 40?  Yes  No |
| Part 4 – Disability | |
| The government defines an individual with a disability as any person who:   1. has a physical or mental impairment that substantially limits one or more major life activities (e.g. seeing, hearing, working); 2. has a record of such impairment; or 3. is regarded as having such an impairment.   In accordance with this definition, do you regard yourself as an individual with a disability?  Yes  No | |