# APPLICATION FOR EMPLOYMENT

**Lee's Summit Parks & Recreation Board**
**220 SE Green Street Lee's Summit, MO 64063**

**Phone (816) 969-1500 • Fax (816) 969-1515**

***An Equal Opportunity Employer***

## *Instructions for Completion*

**One.** Fill in all parts of this application as completely as possible. Include full street, city and zip code where requested. Supplying all of the information that we ask for will allow us to give your qualifications the fullest consideration. Incomplete applications may be eliminated from further consideration in our employment process. Please type or print legibly using black or blue ink only. Please do not use pencil.

**Two.** If a section or question on this form does not apply to you, place "N/A" in that particular section or question. Those sections that may not apply to you include:

- Military Background
- Technical, Trade, Correspondence or Business School
- Colleges and Universities

All other areas of the application should be completed.

**Three.** Please ensure that you list all of your previous employers. If you have more than four previous employers you should attach additional sheets utilizing the same format as the application. Additional employment history forms are available from the Human Resources Department.

**Four.** It is your responsibility to determine your eligibility for employment with Lee's Summit Parks and Recreation.

Thank you for your interest in the City of Lee's Summit Parks and Recreation

Date _____ Seeking: Full Time ☐ Part Time ☐ Position_____

*Please select all other positions of interest:*

| J Thomas Lovell, Jr Community Center | Longview Community Center | Gamber Community Center | Summit Waves |
|---|---|---|---|
| ☐ Facility Supervisor | ☐ Facility Supervisor | ☐ Facility Supervisor | ☐ Concessions |
| ☐ Service Representative | ☐ Service Representative | ☐ Service Representative | ☐ Service Rep |
| ☐ Custodian | ☐ Custodian | ☐ Custodian | ☐ Deck Attendant |
| ☐ Child Care Attendant | ☐ Child Care Attendant | ☐ Personal Trainer | ☐ Life Guard |
| ☐ Fitness/Gym Attendant | ☐ Fitness/Gym Attendant | ☐ Fitness Instructor | ☐ Head Life Guard |
| ☐ Swim Instructor | ☐ Swim Instructor | | ☐ Assistant Pool Manager |
| ☐ Fitness Instructor | ☐ Fitness Instructor | Harris Park Community Center | ☐ Swim Lesson Coordinator |
| ☐ Personal Trainer | ☐ Personal Trainer | ☐ Facility Supervisor | ☐ Swim Lesson Instructor |
| ☐ Life Guard | ☐ Life Guard | ☐ Service Representative | ☐ Desk/Concession Manager |
| ☐ Head Life Guard | ☐ Head Life Guard | | |
| ☐ Massage Therapist | ☐ Massage Therapist | | |
| | | Legacy Park Amphitheater | LSPR Seasonal Positions |
| Athletics | Instructional | ☐ Special Event Staff | ☐ Camp Summit Manager |
| ☐ Score Keeper | ☐ Site Supervisor | | ☐ Camp Summit Counselor |
| ☐ Instructor | ☐ Instructor | Bailey Farm Park | ☐ Camp Summit Support Counselor |
| ☐ Referee basketball | | ☐ Site Supervisor | ☐ LSPR Parks Site Supervisor |
| ☐ Referee basketball | Hartman Park | ☐ Special Event Staff | ☐ LSPR Maintenance Worker |
| | ☐ Kickball Official | | ☐ LPSR Internship |
| | ☐ Flag Football Official | | |
| | ☐ Site supervisor | | |

## PERSONAL INFORMATION

_____ _____ _____
Last Name First Middle

_____ _____ _____ _____ _____
Home Address City ST Zip County

_____ _____ _____ _____ _____
School Address (if applicable) City ST Zip County

Hm Phone # _____ Daytime Phone # _____

E-Mail Address :_____Are you 18 yrs or older? Y ☐ N ☐
Are you lawfully authorized to work in the United States? Y ☐ N ☐

## EDUCATION

Did you graduate from high school? No ☐ Yes ☐
If no, last grade completed _____
Do you have a certificate of equivalence or GED? No ☐ Yes ☐

**College and University(ies) attended:**
Name _____
Address _____
Subjects taken _____
Degree(s) obtained _____

**Military, technical, trade, correspondence or business schools attended:**
Name(s) _____
Location(s) _____
Subjects taken _____

**Have you served in the Armed Forces?** No Yes
Branch of service _____ Rank of discharge _____
Occupational Specialty _____
_____

**EMPLOYMENT HISTORY**
Please give accurate, complete, full-time and part-time employment record. Start with present / most recent employer.

Company Name _____ Phone _____
Address _____
Dates of employment _____ Name of supervisor _____
Reason for leaving _____
Job Title/Description _____

Company Name _____ Phone _____
Address _____
Dates of employment _____ Name of supervisor _____
Reason for leaving _____
Job Title/Description _____

Company Name _____ Phone _____
Address _____
Dates of employment _____ Name of supervisor _____
Reason for leaving _____
Job Title/Description _____

May we contact your present employer? No ☐ Yes ☐

Have you ever been employed by the City of Lee's Summit? No ☐ Yes ☐
If yes, what department? _____ Position _____
Employment Dates _____

What is the minimum salary you will accept? $_____
_____

**REFERENCES**
Please list professional references, no personal friends or relatives.

Name _____ Relationship _____
Phone _____ Email _____
Address _____

Name _____ Relationship _____
Phone _____ Email _____
Address _____

Name _____ Relationship _____
Phone _____ Email _____
Address _____

_____

**CONVICTION RECORD INFORMATION**

Have you ever been convicted of a felony, misdemeanor or other violation of law (other than a minor traffic violation)? No ☐ Yes ☐

Are you subject to any pending charges at this time? No ☐ Yes ☐

If you answered "yes" to either of the above questions, please complete.

Charge _____

Nature of Offense _____ Date _____

City/State _____ Disposition of Case _____

**MEDICAL TESTS AND DRUG SCREENS**

I understand and agree that I may be required to take one or more physical examinations, including a drug screen, as a condition of employment after I have been made a conditional offer of employment. I agree and consent to take such examinations at such times as directed by the LSPR, and I release LSPR, the City, officers, employees, and agents from any claim arising in connection with such examinations or their use.

Signature _____ Date _____

**APPLICANTS - PLEASE READ CAREFULLY AND SIGN**

I certify that all answers and statements herein contained are true and complete, and I understand that any misstatement or omission of fact will be sufficient cause for dismissal or disqualification. I hereby authorize the verification of the information on this application.

Signature _____ Date _____