



CUYAHOGA FALLS PARKS AND RECREATION
APPLICATION FOR EMPLOYMENT
(Please Print)



Don L. Robart
Mayor

Submit applications to the Parks & Recreation Department, 2310 Second Street, Cuyahoga Falls, OH 44221.
Applications will be kept up to six (6) mos. You will be called if your qualifications / availability meet our requirements.

Name \_\_\_\_\_ SSN# \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone #1 \_\_\_\_\_ Phone #2 \_\_\_\_\_

Email \_\_\_\_\_

Do you wish to work: \_\_\_\_\_ Full Time \_\_\_\_\_ Part Time \_\_\_\_\_ Temporary

Date you can begin work: \_\_\_\_\_ Can you work weekends & holidays? \_\_\_ Yes \_\_\_ No

How many hours a week are you available to work?

\_\_\_\_\_ 10-15 \_\_\_\_\_ 16-20 \_\_\_\_\_ 21-29 \_\_\_\_\_ 30-40

When are you most available to work (check all that apply)?

\_\_\_ Mornings (5am-10am) \_\_\_ Afternoons (10am-6pm) \_\_\_ Evenings (6-11pm)

SKILLS/CERTIFICATIONS

List special training, skills, experience and certifications: \_\_\_\_\_

EDUCATION - Circle number of years completed:

High School 1 2 3 4 College 1 2 3 4 5 6

High School \_\_\_\_\_ College \_\_\_\_\_

Technical/Trade School \_\_\_\_\_ Degree \_\_\_\_\_ Major \_\_\_\_\_

Do you have a valid State of Ohio Driver's License? \_\_\_ Yes \_\_\_ No

Do you have a Commercial Driver's License (CDL)? \_\_\_ Yes \_\_\_ No If yes, circle class: Class A or B

GENERAL INFORMATION

Are you legally authorized to work in the United States? \_\_\_ Yes \_\_\_ No

Are you age 18 or older? \_\_\_ Yes \_\_\_ No

Do you smoke or use other tobacco products (such as chewing tobacco)? \_\_\_ Yes \_\_\_ No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying, with or without reasonable accommodations? \_\_\_ Yes \_\_\_ No

Please describe any accommodations required: \_\_\_\_\_

Have you ever been convicted of a criminal offense? \_\_\_ Yes \_\_\_ No

(An affirmative answer will not automatically disqualify you from consideration)

Nature of offense \_\_\_\_\_ Date: \_\_\_\_\_

MARK JOB CHOICES:

PARKS

\_\_\_ Park Maintenance

\_\_\_ Lodge Custodian

NATATORIUM

\_\_\_ Lifeguard

\_\_\_ Front Desk/Operations

\_\_\_ Event Staff

\_\_\_ Maintenance/Cleaning

\_\_\_ Certified Fitness Instructor (Group/Youth/Water)

\_\_\_ General Fitness Staff

\_\_\_ Kids' Castle Babysitting

WATER WORKS AQUATIC CTR

\_\_\_ Admissions

\_\_\_ Lifeguard

\_\_\_ Concessions

\_\_\_ Maintenance

RECREATION

\_\_\_ Playground Supervisor

\_\_\_ Wading Pool Supervisor

\_\_\_ Scorekeeper

\_\_\_ Class Instructor

\_\_\_ Pontoon Boat Captain

BROOKLEDGE GOLF

\_\_\_ Grounds Crew

\_\_\_ Mechanical

\_\_\_ Concession/Cashier

\_\_\_ Range Picker

\_\_\_ Ranger/Starter

DOWNVIEW SPORTS CENTER

\_\_\_ Front Desk/Operations

\_\_\_ Maintenance/Range Picker

QUIRK CULTURAL CENTER

\_\_\_ Front Desk/Clerical

\_\_\_ Maintenance

\_\_\_ Class Instructor

(OVER)

**EMPLOYMENT HISTORY**

Have you previously been employed by the City of Cuyahoga Falls? \_\_\_Yes \_\_\_No If yes, when? \_\_\_\_\_

List most recent employer first.

Employer Name / Address / Phone	Employed From: To:	Supervisor's Name	Can We Contact This Employer?
Position Held	Duties	Reason for Leaving	
Employer Name / Address / Phone	Employed From: To:	Supervisor's Name	Can We Contact This Employer?
Position Held	Duties	Reason for Leaving	
Employer Name / Address / Phone	Employed From: To:	Supervisor's Name	Can We Contact This Employer?
Position Held	Duties	Reason for Leaving	

**REFERENCES**

Name and Address	Occupation	Phone

I certify that the personal data I have provided in this application is accurate and I understand that the willful withholding of information or falsification of any entry may be the basis for dismissal. I hereby authorize release of any personal record of prior employment, scholastics, medical records, or records possessed by any law enforcement agency without recourse to confirm this data. If hired, I will abide by the regulations of my employer. I understand that if offered employment, I may be asked to sign an authorization for release of medical records prior to being hired by the City of Cuyahoga Falls and I must refrain from using any tobacco products for the duration of my employment with the City of Cuyahoga Falls Parks and Recreation Department.

*Signature* \_\_\_\_\_

*Date* \_\_\_\_\_

THE CITY PAYS BY DIRECT DEPOSIT, THEREFORE IT IS NECESSARY THAT YOU HAVE EITHER A SAVINGS OR CHECKING ACCOUNT TO BE EMPLOYED BY THE CITY OF CUYAHOGA FALLS

**Please return to:  
Cuyahoga Falls Parks and Recreation  
2310 Second Street  
Cuyahoga Falls, Ohio 44221**

EO/AE The City does not discriminate on the basis of age, sex, race, or color, national origin, religion or disability.

## WORK PERMIT INSTRUCTIONS

**WORK PERMIT: Every minor 14 – 17 years of age.  
Must have a working permit.**

Students must obtain a work permit in the school district they attend (or would attend if they attend a private school). Work permit applications are available through the Board of Education Offices, the Guidance Offices or High School Vocational Offices, Cuyahoga Falls High School # is 330-926-3800, Woodridge Local Schools # is 330-929-3191, Stow-Munroe Falls City Schools # is 330-689-5309, Akron Public Schools # is 330-761-2731 and Tallmadge Public Schools # is 330-633-3291. The “Age & Schooling Certificate” must be signed by the student when he/she returns the completed work permit. If you have questions regarding the law, you may call the Ohio Department of Commerce at 1-614-644-2239.

The work permit has three sections that must be completed and returned before the permit can be processed. These sections are:

1. **Parental Consent** – This section must be signed by the custodial parent or legal guardian before the permit may be processed. **PLEASE TAKE** your certified birth certificate with you.
2. **Pledge of Employer** – The employer must complete this section and sign where appropriate. The “specific nature of employment” must be clearly stated.  
**NOTE:** The exact hours must be entered. The term “varies” is not acceptable.
3. **Physician’s Certificate** – A physical is required before the permit may be issued. Physicals are valid for a period not to exceed one year from the date of issuance.

When all three sections of the application are completed, return it to the Board of Education Office, **IN PERSON**, so that you may sign the Age & Schooling Certificate. You should not be scheduled for work until your permit has been processed. However, if your employer requires proof that your application is being processed, a letter stating this may be obtained from the Pupil Services Department at the Board of Education Office.

**NOTE:** The work permit is valid only for the employment for which it was processed. A new work permit is required for each new employer.

*If you are not 18 years of age, but have graduated from high school, you do NOT need a work permit.*

*Any questions regarding your work permit application and requirements may be directed to the Board of Education Offices within your school district.*



REVISED: 6/2009