



**SPRINGWOOD LAKE CAMP CLUB**  
 7373 Sherman Church Ave. S.W.  
 East Sparta, Ohio 44626  
 330-484-4881 Fax: 330-484-4882  
 Email: office@springwoodlake.org

## EMPLOYMENT APPLICATION

### APPLICANT INFORMATION

Date      /      /     

Last Name		First		M.I.	Other Names	
Street Address					Apartment/Unit #	
City		State		ZIP		
Phone		Email Address				
Previous Address:						
Date Available:				D.L. or ID #		
Position Applied for:				Have you held a valid Driver's License for the past 3 years? YES NO		
Are you authorized to work in the U.S?		YES	NO			
Are you at least 18 years of age?		YES	NO			
Have you ever worked for this company?		YES	NO	If so, when?		
Have you ever been convicted of any crime? (other than traffic related)				YES	NO	If yes, explain:
Availability (Circle all that apply) DAYS AFTERNOONS MIDNIGHTS WEEKENDS FULL TIME PART TIME						
Referred by current Springwood Camp Club employee		YES	NO	If yes, who?		
Referral source if not Springwood employee:						

### EDUCATION

High School		Address				
Did you graduate?		YES	NO			
College		Address				
Did you graduate?		YES	NO	Degree		

### REFERENCES

Please list two professional references.

Full Name		Relationship	
Company		Phone	
Full Name		Relationship	
Company		Phone	



**"An Equal Opportunity Employer"**

We are an equal opportunity employer, dedicated to a policy of nondiscrimination employment on any basis including race, color, age, sex, religion, disability, or national origin

**PREVIOUS EMPLOYMENT** (Please start with current or most recent employment.)

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary or Hourly Rate \$	Ending Salary or Hourly Rate \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary or Hourly Rate \$	Ending Salary or Hourly Rate \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary or Hourly Rate \$	Ending Salary or Hourly Rate \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference?		YES	NO

**POLICY**

After reviewing the job description, are you able to perform the essential functions of the job? YES NO

Please use this space to list any special skills, work experience, certifications, etc. that may relate to the position for which you are applying:

I certify that all the information submitted by me is true and complete, and understand that if any false information, omissions or misrepresentations are discovered, my application may be rejected and if I am employed, my employment may be terminated at any time.

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

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



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### NOTICE

This is to inform you that as part of our procedure for processing your employment application, we may obtain a consumer report containing financial and other information about you. We will not obtain such a report without your signed authorization.

We comply with the Fair Credit Reporting Act, which provides consumers with rights regarding consumer reports and which places specific obligations on employers using credit reports.

### BACKGROUND INVESTIGATION AUTHORIZATION AND DISCLOSURE FORM

In connection with my application for employment, I authorize Springwood Lake Camp Club to order a consumer report to adequately investigate my background which may include my:

- Academic Record
- Criminal Record
- Employment Record
- Financial and Credit Information
- Military Service Record
- Reputation and Character Record

I understand that information obtained from this background investigation may constitute a basis for denial of my employment. I also understand that any information obtained from this background investigation will be used solely for the purpose it was intended and will not be disseminated outside Springwood Lake Camp Club.

I hereby acknowledge that I have read the above disclosure statement and understand it.

I authorize, without reservation, any party or agency contacted by this employer or its agent to furnish the above mentioned information:

**Signature**

**Date:**     /     /

**Social Security Number:**

### MOTOR VEHICLE REPORT AUTHORIZATION

The undersigned, as an employee or prospective employee of Springwood Lake Camp Club, does hereby authorize Springwood Lake Camp Club to obtain a copy of my Motor Vehicle Report. The Motor Vehicle Report will be used as determining driving eligibility by the insuring company of Springwood Lake Camp Club.

I also understand that, as an employee of Springwood Lake Camp Club, my Motor Vehicle Report may be reviewed periodically over the course of my employment. I understand that this information is privileged and confidential and agree to its release.

**Signature**

**Date:**     /     /

### DISCLAIMER AND CERTIFICATION AGREEMENT SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I authorize Springwood Lake Camp Club to verify any information I have provided and I further authorize any of the named schools, companies, or persons listed to provide any information about me contained in their records and release them from liability for such disclosure. My signature below hereby authorizes disclosure of information and releases Springwood Lake Camp Club, its offices and employees from liability for such disclosures. I understand that Springwood Lake Camp Club is an, at will employer, and either party may terminate employment at any time.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

**Signature**

**Date:**     /     /

**Social Security Number:**



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### PROOF OF RESIDENCY – OHIO

In connection with the requirements of Senate Bill 160 to establish residency in the past five years, I attest that:

Previous Address(es) in the past **five** years, starting with current address:

Years resided: \_\_\_\_\_ Street and No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years resided: \_\_\_\_\_ Street and No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years resided: \_\_\_\_\_ Street and No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Years resided: \_\_\_\_\_ Street and No. \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

\_\_\_\_\_ I have resided in Ohio for the past five years.

\_\_\_\_\_ I have not resided in Ohio for the past five years

By signing this form, I certify that the above information is accurate and true.

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

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

\_\_\_\_\_  
**Name (Print)**

(\_\_\_\_)\_\_\_\_\_  
**Phone Number**

### AGREEMENT FOR BACKGROUND CHECKS

Employment at Springwood Camp Club requires a Criminal Background Check.

An additional background check may also be completed through the Federal Bureau of Investigation depending on the length of Ohio residency.

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

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



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### Disqualifying Offenses:

<b>Sex Offenses</b>	<p><b>All Sex Offenses</b> – Regardless of the amount of time since offense.  <b>Examples include, but are not limited to:</b>          child molestation, rape, sexual assault, sexual battery, sodomy, prostitution, solicitation, indecent exposure, etc.</p>
<b>Felonies</b>	<p><b>All Felony Violence</b> offenses within the past ten (10) years.  <b>Examples include, but are not limited to:</b>          murder, manslaughter, aggravated assault, kidnapping, robbery, aggravated burglary, etc.</p> <p><b>All Felony offenses</b> other than <b>violence</b> or <b>sex</b> within the past 10(ten) years.          Examples include, but are not limited to: drug offenses, theft, embezzlement, fraud, child endangerment, etc.</p>
<b>Misdemeanors</b>	<p><b>All violent misdemeanor</b> offenses within the past five (five ) years  <b>Examples include, but are not limited to:</b> simple assault, battery, domestic violence, hit &amp; run, etc.</p> <p><b>All misdemeanor drug &amp; alcohol offenses</b> within the past (5) years.  <b>Examples include, but are not limited to:</b> driving under the influence, simple drug possession, drunk and disorderly, public intoxication, possession of drug paraphernalia, etc.</p> <p><b>Any other misdemeanor</b> with the past 5 years that would be considered a potential danger to children.  <b>Examples include, but are not limited to:</b> contributing to the delinquency of a minor, providing alcohol to a minor, theft – if person is handling monies, etc.</p>

Guilty means that a person was found guilty following a trial, has entered a guilty plea, the applicant entered a no contest pleas followed with a court finding of guilty, regardless of whether there was adjudication for guilt (conviction) or a withholding of guilt.

Any applicant with a pending case that is a disqualifier or could be considered a disqualifier will not be considered for employment until the official adjudication of the case.

I certify that I have reviewed the list of disqualifiers. I also certify that I have **not been convicted of or pleaded guilty of the listed crimes.**

I further agree to notify the employer **within fourteen calendar days** if, while employed by Springwood Lake Camp Club, I am ever formally charged with, convicted of, or pleads guilty to any of the offenses listed or described in the list. My signature attests that I have been informed that by signing this document my failure to report formal charges, a conviction, or a guilty plea may result in being dismissed from employment.

I give **Springwood Lake Camp Club** permission to complete all background checks which may include but not limited to:

1. Abuser Registry
2. Sex offender Database
3. United States general services administration system (Inspector General & SAM)
4. Database of incarcerated and supervised offenders
5. References
6. Drug testing (For controlled substances if providing non-medical transportation)
7. Ohio BMV-(drivers only)
8. BCI
9. FBI (if I have not lived in Ohio for the last five years)

***If your name appears negatively on any of the above checks 1-9, we will not employ nor continue to employment. Please check each box, if you have read and understand information provided.***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Company Representative Signature

\_\_\_\_\_  
Date



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Applicants are considered for all positions without regard to race, color, sex, national origin, age, marital or veteran status, or the presence of non-job-related medical condition or handicap.

## CONSENT & RELEASE – RANDOM DRUG-FREE WORKPLACE TESTING

### If hired by Springwood Lake Camp Club Association,

I agree to provide a breath sample for the purpose of alcohol testing and analysis. I also grant permission to have the results of such testing released to my employer.

I agree to provide a urine sample for the purpose of drug testing and analysis. I also grant permission to have the results of such testing released to my employer.

**Failure to report and to provide a breath and urine specimen or failure to cooperate in the testing process will result in your termination for insubordination.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Company Representative Signature

### OHIO BUREAU OF WORKERS' COMPENSATION

#### REQUIRED POSTING

Effective October 13, 2004, Section 4123.54 of the Ohio Revised Code requires notice of rebuttable presumption. Rebuttable presumption means that an employee may dispute or prove untrue the presumption (or belief) that alcohol or a controlled substance not prescribed by the employee's physician is the proximate cause (main reason) of the work-related injury.

The burden of proof is on the employee to prove that the presence of alcohol or a controlled substance was not the proximate cause of the work-related injury. An employee who tests positive or refuses to submit to chemical testing may be disqualified for compensation and benefits under the Workers' Compensation Act.



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U.S. Office of Personnel Management Guide to Personnel Data Standards		<b>ETHNICITY AND RACE IDENTIFICATION</b> (Please read the Privacy Act Statement and instructions before completing form.)	
Name (Last, First, Middle Initial)		Social Security Number	Birthdate (Month and Year)
Agency Use Only			
<p><b>Privacy Act Statement</b> Ethnicity and race information is requested under the authority of 42 U.S.C. Section 2000e-16 and in compliance with the Office of Management and Budget's 1997 Revisions to the Standards for the Classification of Federal Data on Race and Ethnicity. Providing this information is voluntary and has no impact on your employment status, but in the instance of missing information, your employing agency will attempt to identify your race and ethnicity by visual observation. This information is used as necessary to plan for equal employment opportunity throughout the Federal government. It is also used by the U. S. Office of Personnel Management or employing agency maintaining the records to locate individuals for personnel research or survey response and in the production of summary descriptive statistics and analytical studies in support of the function for which the records are collected and maintained, or for related workforce studies. Social Security Number (SSN) is requested under the authority of Executive Order 9397, which requires SSN be used for the purpose of uniform, orderly administration of personnel records. Providing this information is voluntary and failure to do so will have no effect on your employment status. If SSN is not provided, however, other agency sources may be used to obtain it.</p>			
<p><b>Specific Instructions:</b> The two questions below are designed to identify your ethnicity and race. <b>Regardless of your answer to question 1, go to question 2.</b></p>			
<p><b>Question 1. Are You Hispanic or Latino?</b> (A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin, regardless of race.) <input type="checkbox"/> Yes <input type="checkbox"/> No</p>			
<p><b>Question 2.</b> Please select the racial category or categories with which you most closely identify by placing an "X" in the appropriate box. Check as many as apply.</p>			
RACIAL CATEGORY (Check as many as apply)		DEFINITION OF CATEGORY	
<input type="checkbox"/> American Indian or Alaska Native		A person having origins in any of the original peoples of North and South America (including Central America), and who maintains tribal affiliation or community attachment.	
<input type="checkbox"/> Asian		A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.	
<input type="checkbox"/> Black or African American		A person having origins in any of the black racial groups of Africa.	
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander		A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands	
<input type="checkbox"/> White		A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.	

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Standard Form 181  
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Previous editions not usable  
42 U.S.C. Section 2000e-1