



Grass Run
Industrial Park

VILLAGE OF ADA

115 W. Buckeye Avenue
P.O. Box 292 • Ada, Ohio 45810
Website: www.adaoh.org

Fax (419) 634-4065



Tree City USA

LOOKING FOR A JOB THIS SUMMER? ARE YOU IN NEED OF EXTRA SPENDING CASH, MONEY FOR COLLEGE, OR JOB EXPERIENCE? THE ADA VILLAGE POOL MAY BE THE PLACE FOR YOU!

Are you fun-loving, yet hard working, responsible, and respectful?

Do you enjoy working with people, being outside during the summer months, and have 10-30 hours/week available? Do you have experience managing teens and young adults?

If this sounds like you, complete the attached application and return it to us! We would LOVE to consider you for employment at the Ada Pool this summer!

Available positions: We are accepting applications for an assistant manager, lifeguards (certification as of opening day required), and cashiers. Previous employees are welcome to apply!

2017 Dates: The pool is scheduled to be open to the public 7 days a week, May 27 - August 12. PLEASE KEEP THESE DATES IN MIND WHEN APPLYING! Availability between these dates is required. Please write down ANY dates you know you are NOT AVAILABLE TO WORK on the calendar attached and return it with your application.

Please remember to complete the "For Pool Position Applicants" section.

******Applications are due - March 24, 2017******

Completed applications may be returned in a few ways:

- 1.) Via US Mail - send your application to: Village of Ada, Attn: Human Resources, PO Box 292, Ada, OH 45810
- 2.) In person - you may bring your completed application in a sealed envelope marked "Attn Human Resources" to the Village Office, located at 115 W. Buckeye Ave, Ada, OH 45810
- 3.) Via email - you may email a scanned PDF copy of your signed application to Angela Polachek, Administrative Assistant, at angelapolachek.ada@gmail.com. You will receive a reply email confirming receipt.

Thank you for your interest in applying to work for the Village of Ada! We look forward to hearing from you!

If you have any questions, please feel free to give us a call or send Angela an email.

VILLAGE OF ADA EMPLOYMENT APPLICATION

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, military status, or any other legally protected status.

(PLEASE PRINT)

Position Applied For: _____

Date of Application: _____

How did you learn about this Position(s)?

Newspaper Website Current Employee Other, Please specify: _____

WE ARE AN EQUAL OPPORTUNITY EMPLOYER

Last Name: _____ First Name: _____ Middle Name: _____

Address: (Number) (Street) (City) (State) (Zip Code)

Telephone Number(s) Email address

Best time to contact you at the telephone number provided is: _____ : _____ AM/PM

Date of birth (optional) : ____/____/____

If you are under 18 years of age, can you provide proof of your eligibility to work? Yes No

Have you ever been employed with us before? Yes No

If Yes, give date: _____

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? Yes No

Proof of citizenship or immigration status will be required upon employment.

List all previous addresses for the past three (3) years:

Number and street	City	State and Zip Code	Dates From-To
Number and street	City	State and Zip Code	Dates From-To
Number and street	City	State and Zip Code	Dates From-To

Are you currently employed? Yes No

May we contact your present employer? Yes No

Date available for work: _____ What is your desired salary range? _____

Are you available to work: Full Time

Part Time

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

EDUCATION/TRAINING

	Name and Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, skills and extra-curricular activities:

For Pool Position Applicants:

List any planned summer activities: _____

List any dates you know you are unavailable to work: _____

Are you currently certified by the Red Cross? _____

If yes, date of expiration: _____

Are you currently certified in CPR? _____

If yes, date of expiration: _____

Please provide copies of current certificates with application.

Are you in need of a training course? _____

EMPLOYMENT HISTORY

Start with your present or most recent job. Include any job-related assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disability, military status or other protected status.

Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
May we contact this employer?				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				
Employer		Dates Employed From To		Work Performed/Responsibilities
Address				
Telephone Number(s)		Hourly Rate/Salary Starting Final		
Job Title	Supervisor			
Reason for Leaving				

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability, military status or other protected status.

ADDITIONAL INFORMATION

SKILLS:

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS:

Include equipment-operated skills, i.e., computer, motorized equipment.

State any additional information you feel may be helpful to us in considering your application:

Note to Applicants: DO NOT ANSWER THE FOLLOWING QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the essential functions of the job or occupation for which you have applied?

Yes No

A review of the essential functions of such a job or occupation has been given?

Yes No

REFERENCES:

1. _____
(Name) (Telephone Number)

(Address)
2. _____
(Name) (Telephone Number)

(Address)
3. _____
(Name) (Telephone Number)

(Address)

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 30 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

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. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For is Open: Yes No

Position(s) Considered For: _____

Date: _____

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview: Yes No

Remarks: _____

Interviewer Date

Employed: Yes No

Date of Employment: _____

Job Title: _____

Department: _____

Hourly Rate/Salary: _____

By: _____
Name and Title Date

Contacts, Pool Scheduling

May 2017 (Eastern Time)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	1	2	3	4	5	6
7	8	9	10	11	12	13
14	15	16	17	18	19	20
21	22	23	24	25	26	27
28	29	30	31	1	2	3
						Pool Opens

Contacts, Pool Scheduling

Jun 2017 (Eastern Time)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
28	29	30	31	1	2	3
4	5	6	7	8	9	10
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	1

Contacts, Pool Scheduling

Jul 2017 (Eastern Time)

Sun	Mon	Tue	Wed	Thu	Fri	Sat
25	26	27	28	29	30	1
2	3	4	5	6	7	8
9	10	11	12	13	14	15
16	17	18	19	20	21	22
23	24	25	26	27	28	29
30	31	1	2	3	4	5

Aug 2017 (Eastern Time)

Contacts, Pool Scheduling

Sun	Mon	Tue	Wed	Thu	Fri	Sat
30	31	1	2	3	4	5
6	7	8	9	10	11	12
						F&M Picnic Last Day - Pool
13	14	15	16	17	18	19
20	21	22	23	24	25	26
27	28	29	30	31	1	2