

Mt. Gilead Summer Park Program Application for Employment
Personal Information

Full Name: _____
Address: _____ Telephone: _____
City: _____ State _____ Zip _____
Social Security Number _____ Birth Date _____
Parent/Guardian _____
Telephone number in case of emergency: _____

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Education

High School/College _____ 1 _____ 2 _____ 3 _____ 4
Circle last year completed

List High School/College Scholastic Honors, Offices Held, and Extracurricular Activities

General Information

Circle the word that best describes your swimming ability: non-swimmer beginner average expert

Describe why you are interested in working in the summer Park Program.

Have you completed the Red Cross Senior Lifesaving Course? _____ When? _____
Would you be willing to take the Red Cross Course? _____
Can you work all summer? _____ If not, Why? _____
Would you be willing to work weekends and nights? _____

If employed by the Mt. Gilead Summer Park Program/Pool, I will agree to comply with all rules and regulations set forth by the Mt. Gilead Parks and recreation Committee (by signing rules and consequences paper). The Park Program/Pool will run from the beginning of June until school starts. Then the pool will be open on some weekends until Labor Day.

Signature of applicant

date

As an employee of the Mt. Gilead Park Program, I agree to abide by the following rules and consequences for employment...

1. Employee will arrive on time for all duties with Park Program and Pool.
2. Employee will spend Park Program time engaged in activities with the children and NOT with fellow employees.
3. Employee will refrain from using profane or derogatory language in front of children at Park Program or while on Pool premises.
4. Employee will spend work time at pool engaged in pool duties and will do their share each work period.
5. Employee will behave in a professional manner at all times while on park premises both on and off duty.
6. Employee will put in for time off at least a week in advance except in case of emergency.
7. No employee will change or alter work schedule without prior permission from manager or assistant.
8. Any employee caught with or engaging in anything illegal will be dismissed immediately. (i.e., drugs, alcohol, or weapons)

- 1st infraction - Written warning**
- 2nd infraction - One day's pay docked**
- 3rd infraction - Week off without pay**
- 4th infraction - Dismissal from employment**

Signature of Employee

Signature of Parent or Guardian for Minors

Date

CRIMINAL HISTORY CHECK

The Town of Mt Gilead summer program believes that a safe learning environment must be provided for all students and employees. Summer employees also must be role models for children and positively represent the summer program within the community.

Anyone who directly or indirectly has contact with children holds a unique position of trust. The criminal history of an employee or volunteer may affect these goals and responsibilities and will be considered in hiring and dismissal decisions.

Accordingly, the administration will conduct a criminal background check for all applicants offered employment, any volunteers, substitutes, or independent contractors who carry out duties involving contact with children or other employees. Applicants will be required to answer completely and accurately questions in their application with regard to criminal history or records. Applicants also shall consent in writing to a criminal record check and possible fingerprinting or other identifying information relied upon by any repositories of criminal information. Failure to consent will result in rejection of an application. Applicants may be hired conditionally pending the outcome of the criminal record check.

In case of applicants who have lived and worked in the state of North Carolina for the past 5 years before the date of the application, a statewide criminal record check will be conducted. For those who lived or worked outside the state for the past 5 years before the date of application appropriate record checks will be conducted.

The applicant or conditional employee will not be hired if the criminal record check reveals "criminal history," defined as the conviction of a crime, whether a misdemeanor or felony, that indicates the employee (1) possess a threat to the physical safety of students or personnel, or (2) has demonstrated that he or she does not have the integrity to fulfill his or her duties as Park employee. A certified copy of an applicant's or employee's conviction notice shall be obtained before any final employment decision based on the criminal history.

The Summer Program or its governing body shall make written findings with regard to how it used an applicant's criminal history information when making employment decisions based on receipt of a criminal history. If a criminal record check reveals that an applicant or conditional employee was charged but not convicted of a crime, whether misdemeanor or felony, that suggests that the employee may not meet the employment standards of this program, the administration shall conduct a further investigation into the employee's conduct and the circumstances surrounding the charge.

Information obtained through the implementation of this policy shall be confidential as provided in the North Carolina General Statutes. Procedures for implementing this policy may be developed and administered by this program or its governing body.

NOTIFICATION AND RELEASE

Town of Mt. Gilead Summer Park Program
PO Box 325
Mt. Gilead, NC 27306
(910) 439-5111

The information contained in my application for employment with the Town of Mt Gilead Summer Program (hereafter, "The Program") is true to the best of my knowledge and belief. I understand that any misrepresentation or false statement made by me in connection with the application or any related documents which is deemed material by The Program shall result in The Program not employing me or, if employed, terminating my employment. I understand and agree that all information furnished in my application and all attachments in my application be verified by The Program or its authorized representative. I hereby authorize all individuals and organizations named or referred to in my application and any law enforcement organization to give The Program all information relative to such verification and hereby release such individuals, organizations, and The Program from any and all liability for any claim or damage resulting there from. I hereby acknowledge that I have been informed by The Program that The Program may seek to obtain a consumer report and/or investigative report that will include personal information regarding me, including but not limited to, educational history, work references, driving record, drug testing and criminal convictions or arrest records if allowed, in order to assist The Program in making certain employment decisions. I further acknowledge notification by The Program that reports may be provided to The Program by other firms subcontracted for that purpose. I, my heirs, assigns and legal representatives, hereby release and fully discharge The Program, its parent and affiliated companies and the respective officers, directors, shareholders, employees, agents of each, including sub-contractors, from any and all claims, monetary or otherwise, that I may have against The Program, its parent, affiliates or sub-contractors, arising out of making, or use of, either a consumer report and/or investigative report, including any errors or omissions contained or omitted from such reports or investigations. The Program agrees to inform you if an employment decision has been influenced by information contained in a consumer report, made at our request by the Mt Gilead Police Department.

LIST ALL NAMES THAT YOU HAVE USED DURING THE LAST SEVEN (7) YEARS (including married, maiden and aliases)

NAME (first/middle/last) _____ DOB (MM/DD/YR) ___/___/___

MAIDEN NAME: _____ DATES USED (MM/DD/YR) ___/___/___ to ___/___/___

SS# _____ DRIVERS LICENSE # _____ STATE _____

CURRENT AND PREVIOUS ADDRESSES FOR LAST SEVEN (7) YEARS. (Use extra page if necessary)

STREET ADDRESS _____ DATES (FROM/TO) _____

CITY/STATE/ZIP _____

STREET ADDRESS _____ DATES (FROM/TO) _____

CITY/STATE/ZIP _____

STREET ADDRESS _____ DATES (FROM/TO) _____

CITY/STATE/ZIP _____

APPLICANT SIGNATURE: _____ **DATE:** _____

For Employer Use Only:			
Contact: Amy Roberts	Phone: (910) 439-5111	email: aroberts@mtgileadnc.com	
____ Package A (NC Statewide Criminal, Federal Criminal Statewide, Parole & Probation Records)			
____ Parole & Probation Records (State:____)	____ County Criminal (US County:____)	____ Statewide Criminal (State:____)	____ Motor Vehicle Records
____ Seven (7) Year County Criminal			