



# Iron Ore Heritage Recreation Authority Application

PLEASE PRINT ALL INFORMATION  
 EXCEPT SIGNATURE

**PLEASE COMPLETE PAGES 1-4** Date \_\_\_\_\_

**Name** \_\_\_\_\_  
Last First Middle

**Present Address** \_\_\_\_\_  
Number Street City State Zip

**Email:** \_\_\_\_\_ **Preferred Phone No. ( )** \_\_\_\_\_

**Alternate Phone No. ( )** \_\_\_\_\_

**Driver's License No.** \_\_\_\_\_

Position applied for \_\_\_\_\_

Day/hours available to work:  
 No Pref \_\_\_\_\_ Thur \_\_\_\_\_  
 Mon \_\_\_\_\_ Fri \_\_\_\_\_  
 Tue \_\_\_\_\_ Sat \_\_\_\_\_  
 Wed \_\_\_\_\_ Sun \_\_\_\_\_

Salary desired (be specific) \_\_\_\_\_

Have you filed an application here before?  Yes  No If Yes, give date \_\_\_\_\_

Have you ever been employed here before?  Yes  No If Yes, give date \_\_\_\_\_

Employment desired  FULL-TIME ONLY  PART-TIME ONLY  FULL OR PART-TIME  TEMPORARY

When are you available for work? \_\_\_\_\_ Can you travel if a job requires it?  Yes  No

Are you working now?  Yes  No Are you on a lay-off and subject to recall?  Yes  No

May we contact your present employer?  Yes  No

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

**EDUCATION**

Type of School	Name of School	Location	Years Completed	Major & Degree
Highschool				
College				
Business or Trade School				
Professional School				



HAVE YOU EVER BEEN CONVICTED OF A CRIMINAL OFFENSE, (Misdemeanor or Felony)?  Yes  No

If yes, explain number of conviction(s), nature of offense(s) leading to conviction(s), how recently such offense(s) was/were committed, sentence(s) imposed, and type(s) of rehabilitation. \_\_\_\_\_

NOTE: A conviction record will not necessarily be a bar to employment. Factors such as age, time of offense, seriousness and nature of violation, and rehabilitation will be considered.

**REFERENCES:**

Please list two references other than relatives or previous employers.	
Name _____	Name _____
Position _____	Position _____
Company _____	Company _____
Address _____	Address _____
_____	_____
Telephone _____	Telephone _____
HAVE YOU EVER BEEN IN THE ARMED FORCES? <input type="checkbox"/> Yes <input type="checkbox"/> No	
ARE YOU NOW A MEMBER OF THE NATIONAL GUARD? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Specialty _____ Date Entered _____ Discharge Date _____	

**WORK EXPERIENCE** Please list your work experience beginning with your most recent job held. If you were self-employed, give firm name. **Attach additional sheets if necessary.**

Name of employer _____	Name of last supervisor	Employment dates	Pay or Salary
Address _____			
City, State, Zip _____		From	Start
Phone Number _____		To	Final
Your last job title _____			
Reason for leaving (be specific) _____			



List the jobs you held duties, performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ City, State, Zip _____ Phone Number _____	Name of last supervisor	Employment dates		Pay or Salary
		From		Start
			To	Final
	Your last job title			

Reason for leaving (be specific)

List the jobs you held duties, performed, skills used or learned, advancements or promotions while you worked at this company.

Name of employer _____ Address _____ City, State, Zip _____ Phone Number _____	Name of last supervisor	Employment dates		Pay or Salary
		From		Start
			To	Final
	Your last job title			

Reason for leaving (be specific)

List the jobs you held duties, performed, skills used or learned, advancements or promotions while you worked at this company.



**AUTHORIZATION AND CERTIFICATION**

Please carefully read the following statements and initial each one where indicated. If you have a question regarding any of the statements, please ask prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by the statements below.

\_\_\_\_\_ I hereby certify that all statements made on or in connection with my application are true, complete and correct  
initial to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

\_\_\_\_\_ I authorize the IOHRA to contact any of the persons or organizations referenced in my application  
initial materials. I also authorize any person contacted to provide the IOHRA any and all information Regarding my employment, education, or any other information concerning any of the subjects covered by the application. I agree to execute employment records release authorization forms as may be required by the IOHRA requesting employment records from my present and/or former employer(s).

\_\_\_\_\_ I understand that if certain positions have particular security requirements or if the IOHRA  
initial determines there is a Bona Fide Occupational Qualification inherent in the position which requires certain information, a police background check seeking that information may be conducted prior to making a decision regarding employment. I authorize the IOHRA, its officers, agents, and employees to conduct such a check if I am applying for one of these positions, and I release and hold harmless the IOHRA, its officers, agents, and employees from any liability, except for its negligence, related to the performance or results of this check.

\_\_\_\_\_ I authorize the IOHRA to obtain a Background Check and / or Consumer Credit Report on me. This authorization is  
initial valid for purposes of verifying information given pursuant to employment or any other lawful purpose covered under the Fair Credit Reporting Act (FCRA). The Background Check may contain information available in the Public Domain but may not include interviews with persons other than previous employers or their agents. I hereby authorize all corporations, former employers, credit agencies, educational institutions, law enforcement agencies, city, state, county and federal courts and agencies, military services and persons to release all information they may have about me including criminal and driving history.

\_\_\_\_\_ If accepted for employment not covered under a bargaining agreement, I understand that I will always be an  
initial "at-will" employee.

**Applicant's Signature**

**Date**

Thank you for your interest in employment with the Iron Ore Heritage Recreation Authority

**AN EQUAL OPPORTUNITY EMPLOYER**

<http://ironoreheritage.com/>