



Court Mandated Community Service (CSW) Application

Park City Municipal Corporation, Human Resources Department
P.O. Box 1480, UT 84060 435.615.5246 (phone) 435.615.4902 (fax)

Restrictions

- A Court Mandated Community Service Worker (CSW) must be at least 18 years of age.
- A CSW must always be working under the direct supervision of a PCMC employee.
- A CSW is prohibited from operating a PCMC motor vehicle.
- A CSW is prohibited from exposure to any City confidential documents or be within hearing vicinity of City confidential conversations.
- A CSW is not allowed to work with vulnerable population (children under the age of 18, senior citizens ages 60 or older and or persons with physical or mental disabilities).
- Misrepresentation or omission of facts will result in disqualification of the application.
- Some CSW assignments may require a background check. The CSW must, upon request, give PCMC permission to conduct a criminal check and provide residency verification for the last 10 years.
- A CSW agrees to maintain the same standards of confidentiality regarding their duties that is expected of employees.
- A CSW will be automatically disqualified if they have been sanctioned for any criminal conduct described as follows:
 - Any crimes against minors, seniors or persons with a disability.
 - Any sexual offense.
 - Any felony conviction within 7 years of this date.
 - Any criminal offense that is drug related within 3 years of this date.
 - More than 2 criminal offenses that are drug or alcohol related, including DUI, within 5 years of this date.

Terms of Agreement:

- The CSW may choose at any time to discontinue work for any reason without prior notice.
- The CSW will perform only those assigned tasks that are within their physical capability or ability.
- The CSW will not operate any equipment or tools that they are not properly trained to operate.
- The CSW will strictly observe all safety rules and use care in the performance of assigned tasks.
- The CSW will treat everyone with respect, patience, integrity, courtesy and dignity.
- The CSW will not use profanity, or make humiliating, harassing or threatening statements or actions.
- The CSW will immediately notify supervisor of any injury incurred while performing work.
- The CSW will not represent himself/herself in any way as a PCMC employee.
- The CSW understands that PCMC reserves the right to terminate CSW at any time.

Personal information				
Last name		First name		MI
Address				
City			ST	Zip Code
Home phone ()	Cell phone ()	Email address		
Emergency contact information				
Contact name	Home phone ()		Cell phone ()	

Agreement

I agree with all the Terms of Agreement listed above. I do not have a disqualifying criminal history or any other disqualifying conduct as stated above.

Signature: _____ Date: ____/____/____

SEE NEXT PAGE FOR RELEASE OF INFORMATION AND REQUIRED SIGNATURES FROM APPLICANT AND WITNESS. COMPLETED APPLICATION MUST BE SIGNED BY DEPARTMENT MANAGER ON PAGE 2, OR DESIGNEE, AND SUBMITTED TO THE HUMAN RESOURCES MANAGER FOR APPROVAL.



**AUTHORITY FOR RELEASE OF INFORMATION FOR
COURT ORDERED COMMUNITY SERVICE BACKGROUND CHECK**

I, _____, do hereby authorize a review of and full disclosure of all records, or any part thereof, concerning myself, by and to any duly authorized agent of Park City Municipal Corporation Human Resources Department, whether said records are of public, private, or confidential nature.

The intent of this authorization is to give up my consent for full and complete disclosure of records of arrest, trial and/or convictions for alleged or actual violations of law, including criminal records.

I reiterate and emphasize that the intent of this authorization is to provide full and free access to the background and history of my personal life for the specific purpose of pursuing a background investigation which may provide pertinent data for Park City Municipal Corporation Human Resources Department to consider for determining my suitability for employment and or volunteer work.

I agree to indemnify and hold harmless Park City Municipal Corporation and its elected officials, officers, employees, agents and volunteers from and against all claims, damages, losses, and expenses, including reasonable attorney's fees arising out of or by reason of complying with this request. I further understand that, in the event my application is disapproved, the sources of confidential information can be revealed to me.

A photocopy of this release will be valid as on original hereof, even though the said photocopy does not contain an original writing of my signature. I understand my rights under Title 5, United States Code, Section 552a, the Privacy Act of 1974, with regard to access and disclosure of records, and waive those rights.

Applicant		
Signature	Date (dd / mm / yy) / /	
Last name	First name	Social Security Number - -

Witness		
Signature	Date (dd / mm / yy) / /	
Last name	First name	

CITY USE ONLY		
FOR COMMUNITY SERVICE POSITION & DURATION: _____		
REQUESTED BY: _____ <i>Manager, or Designee, Approval</i>	Date _____/_____/_____ <i>Date</i>	
APPROVED BY: _____ <i>HR Manager Signature</i>	Date _____/_____/_____ <i>Date</i>	