

Personal Information	
Personal Information	
Legal First Name	Robert
Legal Last Name	Houck
Legal Middle Initial .	В
Email Address	rbhouck32@gmail.com
Address 1	1605 Lakewood Avenue, Apt. 4
Address 2	Laborated
City	Lakewood United States
State/Province	Ohio
Zip/Postal Code	44107
Primary Phone	(440) 829–3737
General Information	
Some positions have age related restrictions (e.g. driving, serving alcohol, etc.).	Age 21 or Older
Please identify one of the following:	Age 21 or Older
Do you have previous work experience?	Yes
If hired, can you provide proof of your legal right to work in the United States?	Yes
If no, please describe your work authorization status.	No.
Have you ever been employed by Cleveland Metroparks?  If yes, what location?.	No
ii yes, what location:	
From Date (use dates from most recent employment)	
To Date (use dates from most recent employment)	
Do you have a valid driver's license.	Yes
Employment of Relatives	
maximum of two at the same time if the relatives do not work in the same ope working conditions of the other, and one family member does not handle any The word "family" includes:  * Spouse  * Mother/Stepmother/Mother-in-law  * Father/Stepfather/Father-in-law  * Legal guardian or other person that stands in the place of a parent  * Brother/Stepbrother/Brother-in-law  * Sister/Stepsister/Sister-in-law  * Daughter/Stepdauphter/Daughter-in-law	erating division, do not routinely interact with each other in the course of business, and do not influence the Cleveland Metroparks funds under the direction of the other family member.
* Son/Stepson/Son-in-law * Grandparent * Grandchild * Niece/Nephew * Aunt/Uncle * First cousin * Any other person related by blood or marriage to the employee and residing Please list any relatives working for Cleveland Metroparks. If none, select No.	յ in the employee's household
Do you have relatives employed by Cleveland Metroparks? If yes, give their names and relation (list all) Tobacco Free Policy	No
I acknowledge that Cleveland Metroparks has a Tobacco Free Users' Policy and understand that if I am presented with an offer of full- or part-time employment, I am subject to a pre-employment physical examination and dru screening, which includes a Cotinine test, a marker for nicotine. I further understand that if the drug screening results in a positive Cotinine test, that to offer of employment will be rescinded. Full- and part-time employees hired or after January 1, 2012 are subject to this policy throughout their employmen with the Park District.	ig rheYes m
Education History	
To add additional education, click the Add Education button below. The Remo	ove Last Education will delete all entries for the last education that you have entered.
Please enter your highest level of education first.	
Education 1	Some Dagge
Degree Level	Some Degree
School/University Name .	Lorain County Community College
Address	1005 Abbe Rd N
City	Elyria
Zip/Postal Code	44035

United States Ohio

No

Visual Communications

equivalent)

Major (Please provide if education completed is above HS graduate or

Anticipated Graduation Date .	
Contact Name	
Diploma or Degree Date .	
Employment History	
Instructions:	
List your current or most recent employment first.	
Please list all jobs (including self-employment) which you have held, beginning	g with the most recent and <u>list and explain any gaps of employment for the last 10 years</u> .
Note:  • To add additional employers, click the Add Previous Employer button below • The Remove Last Employer will delete all entries for the last employer that	
Previous Employer 1	
Туре	Previous
Employer	Bistro 83
Employer Phone	(440) 353–2828 36033 Westminister Ave
Address 2	Soos Headining Control of the Contro
City	North Ridgeville
Zip/Postal Code	44039
Country	United States Ohio
Start Date	05/08/2019
End Date	07/15/2020
Supervisor's Name .	Anthony Martorello
Supervisor's Title	Executive Chef/GM
Start Position/Title	Sous Chef
End Position/Title	Sous Chef
Starting Pay	USD \$32,000.00
Ending Pay	USD \$35,000.00
May We Contact?	Yes
Job Duties	Responsible for ordering, helping develop menus for wine tastings, beer dinners, bourbon tastings, special events, etc. Worked mainly Grill as that was what was in demand at the time, responsible for training/managing staff and ensuring quality of the finished product.
Reason for Leaving .	Furthering My Education
Professional Licenses	
	he Remove Last License will delete all entries for the last license that you have entered.
Licenses 1	
License Title	
License Agency	
License Description .	
Issue Date	
Expiration Date	
Address	
City	
Zip/Postal Code	
Country	
Phone	
Achievements	
Please list any other skills, academic achievements, volunteer experience and	Completion of program at Lambda School Full Stack Web Development Program
certifications (e.g. vocational training, patents, publications, etc.)	https://www.credly.com/badges/4de36efa-129a-49e5-a5ea-0de1a03f9ba3/public_url
Military History	
Military History	
Military Branch	
Country Served	
Military Discharge Status .	
Military Start Date	
Military End Date	
Current Obligations .	
Additional Military Experience .	

## References

To add additional references, click the Add Reference button below. The Remove Last Reference will delete all entries for the last reference that you have entered.

(440) 479-6959

James

Please list three persons that can provide a professional reference for you. Please do not use family/relatives.

	er		

Anthony Martorello Former Boss Relationship Length . 11 yrs Bistro83 Company ..... Executive Chef/GM North Ridgeville **United States** Ohio

Phone Number

## Reference 2

Kaylee Penland coworker Relationship Length . 5 years Ristro83 Asst. GM North Ridgeville **United States** Ohio (571) 288-5858 

## Reference 3 First Name ......

 Last Name
 Kenninger

 Relationship
 Boss

 Relationship Length
 2 yrs

 Company
 Mindstate, LLC

 Title
 Owner

 City
 Lakewood

 Country
 United States

 State/Province
 Ohio

 Phone Number
 (216) 339-0320

## eSignature

ELECTRONIC SIGNATURE: Please type your name as it is listed in the document above:

Please read thoroughly before signing:

I certify that answers given are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this form as may be necessary in arriving at an employment decision. I understand that this application is not and was not intended to be a contract of employment. 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 Cleveland Metroparks, and failure to do so may result in discharge.

I understand that all Cleveland Metroparks employees are employed at will, unless otherwise modified by a contractual agreement, and either the employee or Cleveland Metroparks can terminate the relationship at any time for any reason.

Robert B Houck
Accepted