



***APPLICATION
FOR
PARKS & RECREATION DEPARTMENT
EMPLOYMENT***

Applications must be completed and signed by the applicant.



**APPLICATION FOR
PARKS & RECREATION DEPARTMENT EMPLOYMENT**
(Please print plainly)

Date: _____

Name _____ Social Security No. _____
Last First Middle

Present Address _____ Telephone # _____
No. Street City State Zip

Are you legally eligible for employment in the U.S.A.? Yes No (If yes, verification will be required)

Are you over age 16? Yes No

Position(s) applied for: _____

Were you previously employed by us? Yes No If yes, when? _____ Dept. _____

On what exact date are you available for employment? _____
(month) (day) (year)

What skills or qualifications will be of benefit to you as an employee? (Applicant should not list any information that Federal and/or State law precludes obtaining in the pre-employment stage.)

RECORD OF EDUCATION

School	Name and Address of School	Course of Study	Circle last year completed	Did you graduate?	List Diploma or Degree
				Yes <input type="checkbox"/>	
High			1 2 3 4	No <input type="checkbox"/>	

School	Name and Address of School	Course of Study	Circle last year completed	What year will you graduate?	List Diploma or Degree
College			1 2 3 4		

I am currently attending _____ School.

I will be attending _____ in September.
(school)

(Employers will be contacted regarding your candidacy)

Name and Address of Employer (Present)	From Mon/Yr	To Mon/Yr	Weekly Starting Salary	Weekly Present Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						

Name and Address of Employer (Past)	From Mon/Yr	To Mon/Yr	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						

Name and Address of Employer (Past)	From Mon/Yr	To Mon/Yr	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						

Name and Address of Employer (Past)	From Mon/Yr	To Mon/Yr	Weekly Starting Salary	Weekly Last Salary	Reason for Leaving	Name of Supervisor
Describe the work you did:						
Telephone:						

I hereby give permission to contact the employers listed above concerning my prior work experience.

Signed: _____ Date: _____

PERSONAL REFERENCES (Not Former Employers or Relatives)

<i>NAME & OCCUPATION</i>	<i>ADDRESS</i>	<i>PHONE NUMBER</i>

PLEASE ANSWER THE FOLLOWING:

• Were you in the U.S. Armed Forces? Yes No If yes, what Branch? _____

• Have you ever been convicted of a crime, excluding misdemeanors and summary offenses, in the past seven (7) years which has not been annulled or expunged or sealed by a court?
Yes No If yes, describe in full: _____

Conviction of a crime will not be an absolute bar to employment.

• Skills Experience: In the following list of activities, check **ONCE** (x) those in which you have taken part or had special training; check **TWICE** (xx) those you have organized or directed and in which you are prepared to train others; and check **THREE TIMES** (xxx) where you have been paid for your experience.

ARTS & CRAFTS

- _____ Basketry
- _____ Clay Modeling
- _____ Felt Work
- _____ Gimp Work
- _____ Nature Craft
- _____ Scrap Craft
- _____ Painting
- _____ Pastels
- _____ Sculpture
- _____ Sketching
- _____ Paper (Origami)
- _____ Other (List)
- _____
- _____
- _____

DANCE

- _____ Ballet
- _____ Creative
- _____ Folk
- _____ Modern
- _____ Social
- _____ Square
- _____ Tap
- _____ Other (List)
- _____
- _____

DRAMA

- _____ Pantomimes
- _____ Plays
- _____ Skits
- _____ Puppetry
- _____ Creative
- _____

SPORTS

- _____ Archery
- _____ Badminton
- _____ Baseball
- _____ Basketball
- _____ Golf
- _____ Gymnastics
- _____ Hockey
- _____ Organized Games
- _____ Self Defense
- _____ Softball
- _____ Soccer
- _____ Swimming
- _____ Tennis
- _____ Touch Football
- _____ Tournaments
- _____ Track & Field
- _____ Tumbling
- _____ Volleyball
- _____ Wrestling
- _____

OUTDOOR

- _____ Hiking
- _____ Camping
- _____ Biking
- _____ Nature Identification
- _____

MUSIC

- _____ Band or Orchestra
- _____ Rhythm Band
- _____ Singing
- _____ Instrument (List)
- _____
- _____ Story Telling

AQUATICS

American Red Cross Certification

- _____ Basic Water Safety
- Date Passed: _____
- _____ Water Safety Instructor
- Date Passed: _____

OTHER SKILLS:

(Boy or Girl Scout, YMCA, etc.)

SIGNATURE _____ **DATE:** _____