



PARK AND RECREATION SEASONAL EMPLOYMENT APPLICATION

POSITION: (Please check all that apply)

OFFICIALS:	
<input type="checkbox"/> Soccer	<input type="checkbox"/> Kickball
<input type="checkbox"/> Softball (Adult)	<input type="checkbox"/> Flag Football
<input type="checkbox"/> Basketball	<input type="checkbox"/> Baseball

OTHER:	
<input type="checkbox"/> Concessions	<input type="checkbox"/> Park Supervisor
<input type="checkbox"/> Special Event	<input type="checkbox"/> Intern
<input type="checkbox"/> Day Camp Counselor	

PERSONAL INFORMATION:

LAST NAME _____ FIRST NAME _____ MIDDLE NAME _____

CURRENT ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE: _____ Email _____

- Are you at least 16 years of age? Yes No If No, do you have a work permit? Yes No
- Are you legally authorized to work in the United States? Yes No
- Are you capable of performing the functions of the job with **OR** without an accommodation? Yes No

EDUCATION:	Name of School	Last Year Completed	Graduated	Degree/Major
High School				
College/Tech School				
Other				

Please describe any education, training, experience, skills or qualifications that you feel are relevant to the job in which you are applying.

PERSONAL REFERENCES:

Name	Address	Phone

Please be sure to complete the reverse side of this form....

EMPLOYMENT HISTORY: (Please provide current/most recent employment first)

Military Service: (Branch) _____ **Dates:** _____ **to** _____

Name of Employer:	Job Title:
Address:	Supervisor's Name:
Responsibilities:	Dates Employed: From: _____ To: _____
	Reason for Leaving:

Name of Employer:	Job Title:
Address:	Supervisor's Name:
Responsibilities:	Dates Employed: From: _____ To: _____
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Name of Employer:	Job Title:
Address:	Supervisor's Name:
Responsibilities:	Dates Employed: From: _____ To: _____
	Reason for Leaving:

CERTIFICATE OF APPLICANT: I certify that all statements in this application are true and complete to the best of my knowledge and belief. I understand that any false information on this application may result in my dismissal as prescribed by law, or Civil Service Rules. Type your name below in the signature field to sign this agreement electronically. Your electronic signature is the legal equivalent of your manual signature.

Signature _____ Date: _____