



# RECREATION BUREAU EMPLOYMENT APPLICATION

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY #
POSITION DESIRED	LOCATION PREFERENCE	DAYTIME TELEPHONE	EVENING TELEPHONE
STREET ADDRESS	CITY	STATE	ZIP CODE
DAYS & TIMES AVAILABLE	DATE YOU CAN START	\$ _____ Per Hour SALARY REQUIREMENT	
CONDITION OF HEALTH	<input type="checkbox"/> NO <input type="checkbox"/> YES HAVE YOU BEEN CONVICTED OF A CRIME?	IF YES, PLEASE EXPLAIN	

**EDUCATION** *(Begin with the most recent and work backwards)*

NAME OF SCHOOL	DATES ATTENDED	DEGREE RECEIVED	MAJOR SUBJECT

**EMPLOYMENT / VOLUNTEER HISTORY** *(Begin with the most recent and work backwards)*

NAME OF EMPLOYER	POSITION	POINT OF CONTACT	DATES (FROM / TO)
STREET ADDRESS	CITY	STATE	ZIP CODE
REASON FOR LEAVING	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTEER		

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STREET ADDRESS	CITY	STATE	ZIP CODE
REASON FOR LEAVING	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTEER		

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\_\_\_\_\_  
LAST NAME

\_\_\_\_\_  
FIRST NAME

\_\_\_\_\_  
MIDDLE NAME

\_\_\_\_\_  
SOCIAL SECURITY #

**RECREATION EXPERIENCE** *(State fully your recreation experience and your involvement with clubs and teams)*

NAME OF ORGANIZATION	DATES OF INVOLVEMENT	ACTIVITY

**REFERENCES** *(List three people who we may contact)*

NAME OF REFERENCE	PROFESSION	DAYTIME TELEPHONE	EVENING TELEPHONE

**ACTIVITIES** *(Enter a "1" if you participated in the activity and a "2" if you can lead the activity)*

<input type="checkbox"/> Archery	<input type="checkbox"/> Ecology/Recycling	<input type="checkbox"/> Magic	<input type="checkbox"/> Softball
<input type="checkbox"/> Badminton	<input type="checkbox"/> Flowers/Greenery	<input type="checkbox"/> Martial Arts	<input type="checkbox"/> Square Dance
<input type="checkbox"/> Ballet	<input type="checkbox"/> Football	<input type="checkbox"/> Nature Science	<input type="checkbox"/> Swimming
<input type="checkbox"/> Ballroom Dance	<input type="checkbox"/> Golf	<input type="checkbox"/> Orienteering	<input type="checkbox"/> Swing Dance
<input type="checkbox"/> Baseball	<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Origami	<input type="checkbox"/> Table Tennis
<input type="checkbox"/> Basketball	<input type="checkbox"/> Hiking	<input type="checkbox"/> Painting	<input type="checkbox"/> Tap Dance
<input type="checkbox"/> Basketry	<input type="checkbox"/> Instrumental	<input type="checkbox"/> Pottery	<input type="checkbox"/> Tennis
<input type="checkbox"/> Boating	<input type="checkbox"/> Jazz Dance	<input type="checkbox"/> Puppetry	<input type="checkbox"/> Track and Field
<input type="checkbox"/> Camping	<input type="checkbox"/> Karate	<input type="checkbox"/> Quilting	<input type="checkbox"/> Vocal (Singing)
<input type="checkbox"/> Canoeing	<input type="checkbox"/> Kickboxing	<input type="checkbox"/> Rapelling	<input type="checkbox"/> Volleyball
<input type="checkbox"/> Children's Games	<input type="checkbox"/> Knotting	<input type="checkbox"/> Rock Climbing	<input type="checkbox"/> Water Safety Instructor
<input type="checkbox"/> Clowning	<input type="checkbox"/> Lacrosse	<input type="checkbox"/> Rugby	<input type="checkbox"/> Weight Lifting
<input type="checkbox"/> Country Line Dance	<input type="checkbox"/> Life Saving	<input type="checkbox"/> Soccer	<input type="checkbox"/> Wrestling
<input type="checkbox"/> Creative Drama	<input type="checkbox"/> Macramé	<input type="checkbox"/> _____	<input type="checkbox"/> _____
		SPECIFY OTHER	SPECIFY OTHER

I authorize Recreation & Parks to investigate all information in this application. If any misrepresentation has been made herein, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn. I understand that if I am employed, my employment may be terminated immediately. Further, I understand that if I am hired as a Director or Senior Staff member at a Summer Activity Center or Day Camp, I will be required to complete First Aid and CPR training.

\_\_\_\_\_  
APPLICANT'S SIGNATURE

\_\_\_\_\_  
PARENT / GUARDIAN'S SIGNATURE (if under 18)

\_\_\_\_\_  
DATE