



RECREATION BUREAU PART TIME EMPLOYMENT APPLICATION

<hr/> LAST NAME	<hr/> FIRST NAME	<hr/> MIDDLE NAME	<hr/> EMAIL ADDRESS
<hr/> POSITION DESIRED	<hr/> LOCATION PREFERENCE	<hr/> HOME TELEPHONE	<hr/> CELL PHONE
<hr/> STREET ADDRESS	<hr/> CITY	<hr/> STATE	<hr/> ZIP CODE
<hr/> DAYS & TIMES AVAILABLE			<hr/> DATE YOU CAN START
<input type="checkbox"/> NO <input type="checkbox"/> YES			
<hr/> CONDITION OF HEALTH	<hr/> HAVE YOU BEEN CONVICTED OF A CRIME?		<hr/> IF YES, PLEASE EXPLAIN

EDUCATION

	NAME OF SCHOOL	DATES ATTENDED	DEGREE RECEIVED	MAJOR SUBJECT
COLLEGE				
HIGH SCHOOL				

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

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

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

NAME OF REFERENCE	PROFESSION	DAYTIME TELEPHONE	EVENING TELEPHONE

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

NAME OF ORGANIZATION	DATES OF INVOLVEMENT	ACTIVITY

ACTIVITIES *(List and describe the activities you have experience leading)*

<input type="checkbox"/> SPORTS	<input type="checkbox"/> GYMNASTICS	<input type="checkbox"/> WATER SAFETY	<input type="checkbox"/> OUTDOOR
<input type="checkbox"/> DANCE	<input type="checkbox"/> ART / DRAMA	<input type="checkbox"/> LIFEGUARD	<input type="checkbox"/> OTHER RECREATION

DESCRIBE EXPERIENCE _____

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has been made herein, or the results of the investigation are not satisfactory, any offer of employment may be withdrawn.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.

<hr/> APPLICANT'S SIGNATURE	<hr/> PARENT / GUARDIAN'S SIGNATURE (if under 18)	<hr/> DATE
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1 Harry S Truman Parkway, Annapolis, MD 21401 * 410-222-7300 * Fax 410-222-4120 www.aacounty.org/recparks