

**Personal Information**

Name \_\_\_\_\_ Social Security # \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_ Age \_\_\_\_\_ D.O.B \_\_\_\_/\_\_\_\_/\_\_\_\_

Parents \_\_\_\_\_

**Employment Desired**

Position Applying for: Counselor \_\_\_\_\_ CIT \_\_\_\_\_ Lifeguard \_\_\_\_\_ Other \_\_\_\_\_

Date you can start? \_\_\_\_\_ Any Dates You Cannot Work? \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ Can we contact that employer? \_\_\_Yes \_\_\_No

Have you worked for Park and Rec before? \_\_\_Yes \_\_\_No

If so when and where? \_\_\_\_\_

**Education**

High School \_\_\_\_\_ College \_\_\_\_\_ Grade in Fall \_\_\_\_\_

**Qualifications for the job?** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Are you certified in \_\_\_CPR or \_\_\_First Aid?**

**Employment History**

Date (From / To)	Name & Address	Salary	Position	Reason For Leaving
____/____/____	_____	_____	_____	_____
____/____/____	_____	_____	_____	_____

**References**

Name	Address	Telephone	Years Known
1 _____	_____	_____	_____
2 _____	_____	_____	_____

Authorization  
 "I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal. I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and release the company from all liability for any damage that may result from utilization of such information."

Date \_\_\_\_\_ Signature \_\_\_\_\_