

REFERENCES:

List persons not related to you. Please list someone familiar with your job skills.

1. Name _____ Address _____ Phone _____

2. Name _____ Address _____ Phone _____

Have you ever been convicted of a felony? Yes ___ No ___ If yes, please list year convicted _____

SKILLS

Check one (X) those activities you participate in.

Check two (XX) those activities in which you have special talents.

Check three (XXX) those activities you feel qualified to teach or perform.

ART & CRAFTS

- _____ Painting
- _____ Macramé
- _____ Nature Crafts
- _____ Ceramics
- _____ Handicrafts
- _____ Holiday Crafts
- _____ Drawing

PERFORMING ARTS

- _____ Dance (folk, tap, ballet)
- Type _____
- _____ Music
- _____ Dramatics
- _____ Puppetry

NATURE/OUTDOORS

- _____ Camping
- _____ Plant I.D.
- _____ Nature Crafts
- _____ Animal I.D.

AGE GROUPS

- _____ Preschool
- _____ K-4th Grade
- _____ 6-8th Grade
- _____ High School
- _____ Adults
- _____ Seniors

SOCIAL ACTIVITIES

- _____ Table Games
- _____ Story Telling
- _____ Preschool Activities
- _____ Sr. Citizen Activities
- _____ Cooking

SPORTS & ATHLETICS

- _____ Football
- _____ Baseball
- _____ Gymnastics
- _____ Tumbling
- _____ Volleyball
- _____ Soccer
- _____ Tennis
- _____ Figure skating
- _____ Racquetball
- _____ Hockey
- _____ Basketball
- _____ Refereeing
- Type _____

POOLS

- _____ Lifeguard training
- _____ WSI
- _____ Instr. Training
- _____ Concession
- _____ Cashier

MAINTENANCE

- _____ Carpentry
- _____ Painting
- _____ Electrical
- _____ Plumbing
- _____ Tile

PARK MAINTENANCE

- _____ Gardening
- _____ Equipment Operation
- _____ Lawnmowers
- _____ Tractors
- _____ Trucks

List other experience and qualifications:

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant _____ Date _____

AVAILABILITY AGREEMENT

Name: _____ Phone: _____

I AM AVAILABLE TO WORK DURING THE SEASON(S) OF:

_____ SUMMER _____ FALL _____ WINTER _____ SPRING

I AM AVAILABLE THE DAYS OF:

___ MON ___ TUES ___ WED ___ THURS ___ FRI ___ SAT ___ SUN

I AM AVAILABLE TO WORK THE HOURS OF:

_____ AM TO _____ PM

I AM AVAILABLE FOR:

_____ FULL TIME _____ PART-TIME _____ SEASONAL

IF AVAILABLE FOR PART-TIME OR SEASONAL WORK PLEASE LIST WHY YOU ARE LIMITED TO WORKING PART-TIME OR SEASONAL: _____

I UNDERSTAND THAT I MAY BE CALLED TO WORK ANY OF THE AGREED HOURS LISTED ABOVE.

SIGNATURE: _____ DATE: _____