

PARKS & RECREATION APPLICATION FOR SEASONAL EMPLOYMENT

City of Clear Lake Parks & Recreation, 15 N 6th St., Clear Lake, IA 50428. Ph: 641-357-7010 www.cityofclearlake.com
Women, Minorities and Persons with Disabilities are Encouraged to Apply

Position(s) Applying For:	Date:
Date Available to Begin Work:	Until:

Last Name	First Name	MI	Social Security No:
Present Address		City, State	Zip
Permanent Address		City, State	Zip
Present Phone Number		Permanent Phone Number	
E-Mail Address		Daytime/Work Number	

Are you legally eligible for employment in the Unites States? YES NO
**Proof of eligibility will be required at time of employment.*

Are you aware of any reason you cannot perform the essential functions of this job with or without reasonable accommodations? YES NO

Have you ever been convicted of a felony? YES NO
**If yes, please explain on a separate sheet. A conviction record will not necessarily be a bar to employment. Consideration will be given to the time and seriousness of the offenses as well as rehabilitation and the relationship of the offense to the job.*

EDUCATION:

Full-Time Student?	School Attending?
Highest Grade Completed?	College Major? College Minor?
List related courses in Parks & Recreation (i.e. Aquatics, Exercise, Science, Health, Elementary Education)	

Do you have current certification in any of the following? (Please check). A photocopy should be attached with this application.

First Aid Adult CPR Infant/Child CPR Red Cross Lifeguard Training
 CPR-Professional Rescue Red Cross WSI Officiating (List Sports) _____
 Fitness/Wellness Other: _____

EXPERIENCE:

What is your specific experience and background for the position(s) that you are applying for:

List special training such as vocational school, short courses and workshops that you have attended that would assist you with the position(s) you are applying for:

EMPLOYMENT HISTORY:

Beginning with your most recent job, list all part-time and full-time positions, include self-employment and military service. **MAY WE CONTACT YOUR PAST EMPLOYERS?**

**Additional sheets are available upon request OR attach additional information on a blank sheet to this form.)*

Dates Worked (From-To):	TO	Ending Salary:
Employer's Name		Supervisor's Name
Employer's Address		Phone
Job Responsibilities		Reason for Leaving

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Employer's Name		Supervisor's Name
Employer's Address		Phone
Job Responsibilities		Reason for Leaving

I certify that all statements made in this application and the attachments (if applicable) are true and complete to the best of my knowledge. I understand that any false statements or omissions of material facts may subject me to disqualification or dismissal.

Signature

Date

FOR OFFICE USE ONLY

NEW **RETURNING**

Date of Hire

Position

Rate of Pay \$ _____ **per:** _____

Start Date _____ **End Date** _____