

CITY OF STORY CITY
APPLICATION FOR SEASONAL EMPLOYMENT
An Affirmative Action Equal Opportunity Employer

(Please Type or Print All Information)

DATE: _____

POSITION(S) APPLYING FOR: _____

DATE AVAILABLE TO BEGIN WORK: _____ **UNTIL:** _____

I. PERSONAL:

NAME _____
(LAST) (FIRST) (INITIAL)

PRESENT ADDRESS _____ PHONE _____

PERMANENT ADDRESS _____ PHONE _____

DISABILITY/LIMITAION RESTRICTING JOB PERFORMANCE? YES ___ NO ___

IF YES, PLEASE EXPLAIN _____

II. EDUCATION:

FULL-TIME STUDENT? YES ___ NO ___ SCHOOL ATTENDING _____

CURRENT YEAR IN SCHOOL? (please circle) High School: 9th 10th 11th 12th
College: Fresh Soph Junior Senior

COLLEGE MAJOR? _____ MINOR? _____

LIST COURSES TAKEN IN PARKS AND RECREATION, AQUATICS,
HORTICULTURE. _____

DO YOU HAVE CURRENT CERTIFICATION IN ANY OF THE FOLLOWING?
A PHOTOCOPY MUST BE ATTACHED WITH THIS APPLICATION. (please check)

___ FIRST AID _____ CPR _____ Lifeguard

___ WSI _____ CPO _____ ANY INSTRUCTOR CERTIFICATIONS

OTHER _____

III. EXPERIENCE:

WHAT IS YOUR SPECIFIC EXPERIENCE AND BACKGROUND FOR THE
POSITION(S) THAT YOU ARE APPLYING FOR?

WHAT EXPERIENCE HAVE YOU HAD IN WORKING WITH CHILDREN?

IF APPLYING FOR PARKS SPECIFY WHAT YOUR EQUIPMENT AND/OR TURF EXPERIENCE HAS BEEN.

IV. EMPLOYMENT HISTORY:

PLEASE LIST ALL PART-TIME AND FULL-TIME POSITIONS, GIVING PRESENT OF MOST RECENT POSITION FIRST. INCLUDE SELF-EMPLOYMENT AND MILITARY SERVICE. MAY WE CONTACT YOUR PAST EMPLOYERS? YES ___ NO ___

1. DATES WORKED: FROM _____ TO _____ WAGE ___/___
EMPLOYER'S NAME _____ SUPERVISOR'S NAME _____
EMPLOYER'S ADDRESS _____ PHONE () _____
TYPE OF WORK _____
REASON FOR LEAVING _____

2. DATES WORKED: FROM _____ TO _____ WAGE ___/___
EMPLOYER'S NAME _____ SUPERVISOR'S NAME _____
EMPLOYER'S ADDRESS _____ PHONE () _____
TYPE OF WORK _____
REASON FOR LEAVING _____

V. REFERENCES: LIST TWO PERSONAL REFERENCES (not relatives) OR EMPLOYERS WHO KNOW YOU WELL ENOUGH TO GIVE INFORMATION ABOUT YOU.

<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>	<u>HOW LONG ACQUAINTED</u>
_____	_____	() _____	_____
_____	_____	() _____	_____
_____	_____	() _____	_____

V. CERTIFICATE OF APPLICANT:

I HEREBY CERTIFY THAT ALL THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE AND COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS AN THIS APPLICATION SHALL BE CONSIDERED SUFFICIENT CAUSE FOR DISMISSAL.

SIGNATURE _____ DATE _____

RETURN COMPLETED APPLICATION TO: 504 BROAD ST., STORY CITY, IA 50248