

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 ___ ADVANCED LIFESAVING
___ 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?

IN APPLYING FOR PARK OR GOLF COURSE, 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 _____

3. 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

[email application directly to jlucas@cityofstorycity.org](mailto:jlucas@cityofstorycity.org)