



Park and Recreation Department

116 WEST ADAMS STREET

CRESTON, IA 50801

641 2000
(515) 782-8220

AN AFFIRMATIVE ACTION
EQUAL OPPORTUNITY
EMPLOYER

EMPLOYMENT APPLICATION

POSITION(S) APPLYING FOR _____

DATES AVAILABLE _____ TO _____

I. PERSONAL

NAME _____ SOC. SEC. # _____
(Last) (First) (Middle Initial)

PRESENT ADDRESS _____ PHONE _____
(Number & Street) (City) (State) (Zip)

PERMANENT ADDRESS _____ PHONE _____
(Number & Street) (City) (State) (Zip)

BIRTHDATE _____ DRIVER'S LICENSE? YES ___ NO ___

DISABILITY/LIMITATION RESTRICTING JOB PERFORMANCE? YES ___ NO ___
(If yes, explain) _____

II. EDUCATION AND TRAINING

ARE YOU CURRENTLY A FULL-TIME STUDENT? YES ___ NO ___

HIGH SCHOOL ATTENDED _____ HIGHEST GRADE COMPLETED _____

COLLEGE ATTENDED _____ HIGHEST GRADE COMPLETED _____

MAJOR _____ MINOR _____

LIST EXPERIENCE IN PARKS & RECREATION, AQUATICS, SPORTS, ETC

HAVE YOU BEEN CERTIFIED IN ANY OF THE THE FOLLOWING? IF SO, CHECK SPACE PROVIDED.

<u>CERTIFICATION</u>	<u>DATE CERTIFIED</u>	<u>CERTIFIED BY</u>	<u>EXPIRATION DATE</u>
____ FIRST AID	_____	_____	_____
____ CPR	_____	_____	_____
____ ADV LIFESAVING	_____	_____	_____
____ WSI	_____	_____	_____
____ OFFICIATING	_____	_____	_____
(List Sports)	_____	_____	_____
____ OTHER	_____	_____	_____
(Describe)	_____	_____	_____

LIST ANY SPECIAL TRAINING RECEIVED (Vocational Schools, Short Courses, Workshops) _____

LIST EXPERIENCE OPERATING SPECIFIC VEHICLES, MACHINERY, TRACTORS, OFFICE EQUIPMENT, ETC _____

III. EMPLOYMENT HISTORY--LIST ALL PART-TIME AND FULL-TIME POSITIONS, GIVING PRESENT OR MOST RECENT POSITION FIRST. INCLUDE SELF-EMPLOYMENT AND MILITARY SERVICE. ADDITIONAL SHEETS MAY BE ADDED, IF NECESSARY.

MAY WE CONTACT YOUR PRESENT/PAST EMPLOYER? YES ___ NO ___

1. DATES WORKED: FROM _____ TO _____ ENDING SALARY _____ PER _____
EMPLOYER'S NAME _____ SUPERVISOR'S NAME _____
EMPLOYER'S ADDRESS _____ PHONE _____
TYPE OF WORK _____
REASON FOR LEAVING _____

2. DATES WORKED: FROM _____ TO _____ ENDING SALARY _____ PER _____
EMPLOYER'S NAME _____ SUPERVISOR'S NAME _____
EMPLOYER'S ADDRESS _____ PHONE _____
TYPE OF WORK _____
REASON FOR LEAVING _____

3. DATES WORKED: FROM _____ TO _____ ENDING SALARY _____ PER _____
EMPLOYER'S NAME _____ SUPERVISOR'S NAME _____
EMPLOYER'S ADDRESS _____ PHONE _____
TYPE OF WORK _____
REASON FOR LEAVING _____

IV. REFERENCES--LIST THREE PERSONAL REFERENCES WHO ARE NOT RELATIVES OR FORMER 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 STATEMENTS MADE IN THIS APPLICATION ARE COMPLETE. I UNDERSTAND THAT IF EMPLOYED, FALSE STATEMENTS ON THIS APPLICATION SHALL BE CONSIDERED AS SUFFICIENT CAUSE FOR DISMISSAL.

DATE _____ SIGNATURE _____

RETURN TO: CRESTON PARK AND RECREATION DEPARTMENT
CITY HALL/DEPOT
116 WEST ADAMS ST