



ZENA RECREATION PARK EMPLOYMENT APPLICATION

APPLICANT INFORMATION

Form with fields for Last Name, First, M.I., Date, Street Address, Apartment/Unit #, City, State, ZIP, Phone, E-mail Address, and Social Security #.

AVAILABILITY

Form with fields for Start Date, End Date, and availability for each day of the week (Sunday through Saturday). Includes a section for 'Taking off this Summer?' with Yes/No options and a request to fill in dates if yes.

POSITION APPLYING FOR:

Form with checkboxes for various job positions: Front Desk Manager, Front Desk Attendant, Director of Jr Tennis, Head Swim Coach, Head WSI Instructor, Tennis Assistant, Assistant Swim Coach, Water Safety Instructor, Park Director, Lifeguard, Snack Bar Manager, Snack Bar Attendant, and Assistant Park Director.

EDUCATION

Form with fields for High School and College education, including fields for From, To, Did you graduate?, Address, YES/NO, DATE, and Degree.

Certificate/Special Training:



LIFEGUARD CERTIFICATIONS

<input type="checkbox"/> Lifeguard Training or Lifeguarding and First Aid	Expires
<input type="checkbox"/> CPR/AED/PR	Expires
<input type="checkbox"/> Other _____	Expires
<input type="checkbox"/> LGI	Expires
<input type="checkbox"/> WSI	Expires
<input type="checkbox"/> CPO	Expires
<input type="checkbox"/> Head Guard or Lifeguard Management	Issued

All required certifications must be up to date/current before employment commences. COPIES of your certification cards (both sides) MUST be submitted with this application.

PREVIOUS EMPLOYMENT/VOLUNTEERING

Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone	
Address		Supervisor	
Job Title	Starting Salary	\$	Ending Salary \$
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			



MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

REFERENCES

Please list three professional references.

Full Name	Relationship	
Company	Phone	
Address		
Full Name	Relationship	
Company	Phone	
Address		
Full Name	Relationship	
Company	Phone	
Address		

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge.

I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement of material fact on this application or on any document used to secure employment shall be grounds for rejection of this application and for immediate discharge if I am employed, regardless of the time elapsed before discovery.

I understand that nothing contained in the application or conveyed during any interview which may be granted is intended to create an employment contract between me and the Park. In addition, I understand and agree that if I am employed, my employment is for no definite or determinable period and may be terminated at any time, with or without prior notice, at the option of either myself or the Board of Directors, and that no promises or representation contrary to the foregoing are binding on the Board of Directors unless made in writing and signed by me and the Board of Director's designated representative.

Signature	Date
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IF UNDER AGE 18. SIGNATURE OF PARENT OR GUARDIAN IS REQUIRED

"I have read my child's/ward's completed application form and hereby give permission for him/her to be hired by Zena Recreation Park, Inc. for the purpose of seasonal employment. I further give permission for him/her to receive emergency medical treatment if necessary. If at any time I revoke this permission, I will do so in writing to the Zena Recreation Park, Inc. Board of Directors and upon receipt by the Human Resources Committee of said revocation, my child's/ward's employment shall be terminated".

Signature	Date
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