



New Haven- Adams Twp. Parks & Recreation Department

Mailing: PO Box 157; New Haven, IN 46774 | Physical: 7500 SR 930 E; Fort Wayne, IN 46803
www.newhavenparksandrec.org * parksinfo@newhavenin.org * (260)749-2212

APPLICATION FOR EMPLOYMENT

Please indicate 1st and 2nd choice: *(Applicants must be at least 18 years of age unless noted otherwise.)*

- | | | | |
|---|---|---|-------------------------------------|
| <input type="checkbox"/> Outdoor Recreation | <input type="checkbox"/> Lifeguard | <input type="checkbox"/> Child Watch | <input type="checkbox"/> Grounds |
| <input type="checkbox"/> Tennis | <input type="checkbox"/> Pool Admissions(Age 16+) | <input type="checkbox"/> Fitness Center | <input type="checkbox"/> Facilities |
| <input type="checkbox"/> Nature Center | <input type="checkbox"/> Concessions (Age 16+) | <input type="checkbox"/> Other | |

_____	_____	_____	_____	_____	_____
First Name	Last Name	MI	Birth Date	Email address	

_____	_____	_____	_____	_____	_____
Present Address	Street	City	State	Zip	Telephone # (Cell)

_____	_____	_____	_____	_____	_____
Permanent Address	Street	City	State	Zip	Telephone # (Home)

(If different than above)

Please list your two most recent employers starting with the most recent position.

_____	_____	_____	_____
Employer Name	Address	Dates Employed	Final Pay Rate

_____	_____
Job Title and Duties	Reason for Leaving

_____	_____	_____	_____
Employer Name	Address	Dates Employed	Final Pay Rate

_____	_____
Job Title and Duties	Reason for Leaving

Educational Background *(Cont. on back page)*

_____	_____	_____	_____
High School	Address	Dates Attended	Graduate (Y/N)

Field of Study or Major



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Name - College or Continuing Ed. Address Dates Attended Graduate (Y/N)

Field of Study or Major

What skills, training, experience, and education do you possess that you feel qualify you for this position? Include relevant experience in related or non-related fields.

References- Please list 3 academic or Professional References. Please print.

	First & Last Name	Phone Number	Occupation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

Do you have a valid Driver's License? ____ Yes ____ No If so, type? _____ Exp. Date: _____

Specialized Training- please indicate any relevant certifications.

Course	Type (if applicable)	Certifying Agency	Expiration Date
CPR	_____	_____	_____
First Aid	_____	_____	_____
WSI	_____	_____	_____
Lifeguard	_____	_____	_____
Other	_____	_____	_____

I certify that the foregoing statements are true and correct, and authorize the Park Board to investigate all references listed and to secure additional information if necessary. I understand that any false statements by me will be grounds for immediate discharge or refusal to hire.

Applicants Signature: _____ **Date:** _____