



# 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](http://www.newhavenparksandrec.org) \* [parksinfo@newhavenin.org](mailto:parksinfo@newhavenin.org) \* (260)749-2212

## APPLICATION FOR EMPLOYMENT

Please indicate 1<sup>st</sup> and 2<sup>nd</sup> 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
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Present Address	Street	City	State	Zip	Telephone # (Cell)
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Permanent Address	Street	City	State	Zip	Telephone # (Home)
<i>(If different than above)</i>					

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

Employer Name	Address	Dates Employed	Final Pay Rate
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Job Title and Duties	Reason for Leaving
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Employer Name	Address	Dates Employed	Final Pay Rate
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Job Title and Duties	Reason for Leaving
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**Educational Background** *(Cont. on back page)*

High School	Address	Dates Attended	Graduate (Y/N)
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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:** \_\_\_\_\_