



Application
Part-Time Employment
Decatur Parks and Recreation
 P. O. Box 1315
 Decatur, Alabama 35602
 256-341-4930

Equal Opportunity Employer

DATE SUBMITTED

For employer's use **ONLY**

Position Assigned:

Rate of Pay:

INSTRUCTIONS: ALL BLANKS MUST BE FILLED IN WITH INK.

Full name as it appears on your Social Security card: Last Name First Middle	Name you prefer to be called _____ Telephone Number _____ Social Security Number _____ Position Desired _____ Date of your birth _____ Your age _____ Are you a citizen of the United States? _____
City, State, County, Zip _____	
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: Month and year _____ Location _____	
Have you ever been discharged or forced to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a complete explanation to this application.	
Have you ever been convicted of any law violation other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the name and location of the court, date, nature of the charge and disposition of the case on a separate sheet and attach it to this application	
When will you be available for an interview? _____ Date you will be able to begin employment: _____ Date you must quit: _____	
Can you work nights, weekends and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain _____ _____	
Will you have to be away any time during your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details: _____ _____	
Do you have transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be able to arrive at work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A LIFEGUARD POSITION

Have you ever been certified as a lifeguard? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, year: _____ If yes, name of agency: _____ Have you ever had any first aid, CPR or other related training? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, explain: _____

REFERENCES List three reliable adults, not relatives, employers or fellow employees who know you well enough to give information about you.

Name	Occupation/Telephone Number	Address

Discrimination in employment against persons age forty and above is prohibited by Law. If employed you are required to complete INS Form I-9 and furnish for inspection your driver's license and Social Security card or other acceptable documents which verify your identity, citizenship status and employment eligibility in the United States.

EDUCATION

Name and Address of School	From	To	Graduate?	Degree
High School			Yes No	
College			Yes No	
Other			Yes No	

EMPLOYMENT RECORD Beginning with your **PRESENT** or most recent employment, list in **REVERSE ORDER** periods of employment. List as separate periods each time you changed jobs. Give complete information, especially about the kind of work you did.

Company Name _____	Telephone _____
Address _____	Employed (state month and year) From _____ To _____
Name of Supervisor _____	Salary Start _____ Last _____
State job title and describe your work _____	Reason for leaving _____
Company Name _____	Telephone _____
Address _____	Employed (state month and year) From _____ To _____
Name of Supervisor _____	Salary Start _____ Last _____
State job title and describe your work _____	Reason for leaving _____
Company Name _____	Telephone _____
Address _____	Employed (state month and year) From _____ To _____
Name of Supervisor _____	Salary Start _____ Last _____
State job title and describe your work _____	Reason for leaving _____

I hereby certify that all statements made hereon and attached hereto are true and correct to the best of my knowledge. Any false statement may be cause for denying me the right to employment. I further understand that Decatur Parks and Recreation may conduct a reference check into my previous employment history and background and give Decatur Parks and Recreation permission to do so. I understand that this is a part-time position and my job may be terminated anytime.

Date _____ Signed _____

PARKS AND RECREATION DEPARTMENT

FOR CITY OF DECATUR PERSONNEL DEPARTMENT USE ONLY

Applicant: Fill in **ONLY** the shaded areas below (please print)

NAME OF APPLICANT	POSITION APPLIED FOR
DATE OF BIRTH	AGE*
SEX	RACE/ETHNIC GROUP**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under the following Federal laws:

* The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age and older from discrimination on the basis of age in hiring, promotion, discharge, compensation, terms, conditions or privileges of employment.

**Race, Color, Religion, Sex, National Origin – Title VII of the Civil Rights Acts of 1964, as amended, prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex or national origin.