Operations Administration
930 West Fourth Street
Bloomington, IN 47402
Phone (812)349-3498
Fax (812)349-3744

PERSONAL INFORMATION

Name_

Address _

Last



Parks & Recreation Main Office 401 North Morton Street Bloomington, IN 47404 Phone (812)349-3700 INGTON Fax (812)349-3705

Middle

OPERATIONS DIVISION

Application for Temporary/Seasonal Employment

First

Number Stree	t	City	State	Zip Code	
Present Occupation		Email			
		Employer's Name & Phone			
Oate Available to Begin W	Jork/_				
DUCATION					
ligh School (or G.E.D.) _	Name	Graduate?	□ Yes	□ No	
ocational School	Name	Graduate?	□ Yes	□ No	
College	Name	Graduate?	□ Yes	□ No	
EMPLOYMENT HISTO	DRY				
DATES EMPLOYED	ORGANIZATION	POSITION	SUPERVISOR	PHONE NUMBER	

APPLICABLE EXPERIE	NCE, KNOWLEDGE, TRAINING,	AND JOB SKILLS		
CHARACTER REFEREN	ICES (<i>Other than relatives an</i>	d past employers)		
Name	Relationship	Phone Number		
OTHER INFORMATION				
•	d of <i>or</i> are you currently charged with an current charge or conviction will not nec		Yes	□ No
Are you prevented from lawf Please explain:	fully becoming employed in the U.S.?		Yes	□No
Do you have a valid Driver's	License?	С	Yes	\square No
Do you have a valid CDL Lic	ense?	С	Yes	□ No
Do you have a reliable means	to get to work?	С	Yes	□ No
LIST SPECIFIC POSITI	ION(S) DESIRED AS TITLED ON	THE JOB DESCRIPTION		
(1)				
(2)				
(3)				
ACKNOWLEDGEMENT				
contact my former employers character and qualifications. I hereby release any such emp stand that any misleading, in	above questions are fully, correctly, and a references, and other sources in order to I understand that the job(s) for which I are ployer or persons liability of any nature of correct, or untruthful statements may render the for termination of my employment.	o verify the facts furnished regardin m applying may be subject to a crim on account of furnishing such inform	g my iinal his nation.	story check.
Name (print)	Signature	Date	?	
NOTE: You will be conta	acted <u>ONLY</u> if selected for an inter	view.		

STAFF USE