



Application for Employment

Crawfordsville Parks and Recreation Department
922 East South Boulevard, Crawfordsville, Indiana 47933
Phone: 765-364-5175 Fax: 765-364-5179
Web: www.crawfordsville.net/Departments/Parks

Personal Data:

Today's Date: _____

Name: _____ Telephone Number: _____

Position applied for (be specific): _____ Alternate Phone #: _____

Address: _____

How long at current address: _____ Email address: _____

In case of an emergency whom can we contact: _____

Are you legally eligible to work in the United States? : ____ Yes ____ No

Are you seeking: ____ Full Time ____ Part Time ____ Seasonal ____ Other

Date you can start: _____ Hours Available: _____

Salary Expected: ____ Per Hour ____ Per Year ____ Per Month

Are you over 21? ____ Yes ____ No (If no, is subject to minimum legal age verification)

How did you hear of job opening? _____

Have you worked here before? ____ Yes ____ No If yes, position and length: _____

What was your reason for leaving? _____

List any friends/relatives working with us now: _____

Do you speak any foreign languages fluently? ____ Yes ____ No List: _____

What recreational activities do you have special interest or skills? _____

Are there any areas in which you feel qualified to instruct, officiate, or assist in any way?

Briefly list your computer skills, if any: _____

Education:

Name and Location of High School Attended: _____

Did you graduate? ___ Yes ___ No If yes, Date: _____

If no, have you received your G.E.D.? ___ Yes ___ No If yes, Date: _____

Name and Location of Highest Level of Schooling: _____

Did you graduate? ___ Yes ___ No Degree or reason for not graduating: _____

Please list any special skills pertaining to the position applied for: _____

Employment History:

Present Employer: _____ Phone #: _____

Position/Title: _____ Dates Worked: _____

Salary Start: _____ Salary End: _____

Reason for Leaving: _____

Previous Employer: _____ Phone #: _____

Position/Title: _____ Dates Worked: _____

Salary Start: _____ Salary End: _____

Reason for Leaving: _____

Previous Employer: _____ Phone #: _____

Position/Title: _____ Dates Worked: _____

Salary Start: _____ Salary End: _____

Reason for Leaving: _____

References:

Name: _____ Phone: _____ Personal ___ Professional ___

Name: _____ Phone: _____ Personal ___ Professional ___

Name: _____ Phone: _____ Personal ___ Professional ___

By signing below, I attest that all the above information is true to the best of my knowledge. I understand that any misrepresentation on this form is grounds for immediate termination. Furthermore, I understand that in no way is my being hired a contract for employment. The company or I may terminate my employment at any time with, or without, notice.

Signature of Applicant

Today's Date