



EMPLOYMENT APPLICATION

ST. ANDREW'S PARKS AND PLAYGROUND / ST. ANDREW'S FAMILY FITNESS PLUS!

PERSONAL INFORMATION

NAME _____	DATE _____	EMAIL ADDRESS _____
ADDRESS		
Street _____		
City, State, Zip _____		
PHONE NUMBERS	HOW DID YOU HEAR OF THIS OPENING?	
Home _____	<input type="checkbox"/> FRIENDS/FAMILY	<input type="checkbox"/> NEWSPAPER
Work _____	<input type="checkbox"/> OPENINGS LIST	<input type="checkbox"/> OUR WEB SITE
Cell _____	<input type="checkbox"/> SCHOOL AD	<input type="checkbox"/> JOB SERVICE
	<input type="checkbox"/> OTHER _____	

EMPLOYMENT DESIRED AND AVAILABILITY

POSITION(S) APPLYING FOR:	IF APPLYING FOR FULL OR PART TIME POSITION, WHAT IS THE SALARY DESIRED?
DATE YOU CAN START:	
CAN YOU PERFORM THE ESSENTIAL FUNCTIONS OF THIS POSITION (PLEASE READ THE JOB DESCRIPTION) WITH OR WITHOUT REASONABLE ACCOMMODATIONS? PLEASE EXPLAIN.	DO YOU HAVE A SATISFACTORY DRIVING RECORD? YES OR NO. IF NO, EXPLAIN:
HAVE YOU EVER WORKED OR VOLUNTEERED FOR ST. ANDREW'S BEFORE? IF SO, LIST DEPARTMENT.	HAVE YOU EVER BEEN INVOLVED IN A SUBSTANTIATED CASE OF CHILD NEGLECT OR ABUSE? IF YES, EXPLAIN
TYPE OF WORK YOU WOULD LIKE? <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> SEASONAL <input type="checkbox"/> SUBSTITUTE <input type="checkbox"/> TEMPORARY <input type="checkbox"/> VOLUNTEER	
NUMBER OF HOURS PER WEEK YOU WANT TO WORK/VOLUNTEER _____	
IF INTERESTED IN VOLUNTEERING, DO YOU HAVE A PREFERENCE IN A CERTAIN GROUP OR PROGRAM? _____	
DAYS AND HOURS YOU ARE AVAILABLE TO WORK/VOLUNTEER:	
SUN. ____ TO ____, MON. ____ TO ____, TUES. ____ TO ____, WED. ____ TO ____, THURS. ____ TO ____, FRI. ____ TO ____, SAT. ____ TO ____	

EDUCATION HISTORY

	NAME AND LOCATION	YEARS ATTENDED	DID YOU GRADUATE?	DEGREE(S) EARNED OR SUBJECTS STUDIED
HIGH SCHOOL			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____	
COLLEGE			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____	
OTHER			<input type="checkbox"/> YES <input type="checkbox"/> NO DATE: _____	



EMPLOYMENT HISTORY (LIST PREVIOUS THREE EMPLOYERS, STARTING WITH THE MOST RECENT)

DATES	EMPLOYER	CITY, STATE	SUPERVISOR	POSITION & DUTIES	SALARY	REASON FOR LEAVING
FROM						
TO			PHONE #			
FROM						
TO			PHONE #			
FROM						
TO			PHONE #			

OTHER INFORMATION

SUBJECTS OF RESEARCH OR SPECIAL STUDY	CURRENT CERTIFICATIONS
SPECIAL TRAINING OR SKILLS	MEMBERSHIP IN PROFESSIONAL ORGANIZATIONS
APPLICABLE EXPERIENCE NOT IN EMPLOYMENT HISTORY	HONORS OR AWARDS RECEIVED
US MILITARY SERVICE	RANK

REFERENCES – PLEASE USE PERSONS UNRELATED TO YOU THAT HAVE SEEN YOUR WORK FIRSTHAND WITHIN THE PAST 3 YEARS

NAME	PHONE NUMBER	RELATIONSHIP TO YOU	YEARS KNOWN	HAS THIS PERSON SEEN YOUR WORK?
1.		<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUBORDINATE		
2.		<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUBORDINATE		
3.		<input type="checkbox"/> SUPERVISOR <input type="checkbox"/> CO-WORKER <input type="checkbox"/> SUBORDINATE		



PLEASE READ:

Please understand that the following acts may result in the refusal to be employed at our organization: use of profanity, continued displays of poor sportsmanship, flagrant violations of the ruled set forth by our organization, poor coaching, and/or excessive complaints by participants or parents. Termination or rejection of a person's employment will occur if found to have endangered a child.

AUTHORIZATION

"I certify that the information contained in this application is true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and/or volunteer experience and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by the Executive Director."

This application is not valid unless it is signed and dated!

Signature of Applicant

Today's Date

Thank you for your interest in St. Andrew's Parks and Playground!

EQUAL OPPORTUNITY EMPLOYER