

LAFAYETTE CONSOLIDATED GOVERNMENT
PARKS AND RECREATION DEPARTMENT

APPLICATION FOR TEMPORARY EMPLOYMENT

PERSONAL INFORMATION

POSITION: _____

NAME: _____
LAST FIRST MIDDLE

PRESENT ADDRESS: _____
STREET CITY STATE ZIP

PERMANENT ADDRESS: _____
STREET CITY STATE ZIP

PHONE () _____ SOCIAL SECURITY # _____

HAVE YOU APPLIED TO THIS DEPARTMENT IN THE PAST? _____ IF SO, WHEN? _____

ARE YOU 18 YEARS OLD OR OLDER? YES NO

ARE YOU A US CITIZEN OR CAN LEGALLY WORK IN THE US? YES NO

LAST

FIRST

MIDDLE

EDUCATION	NAME AND LOCATION	YEARS ATTENDED	MAJOR STUDIED	GRADUATED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
OTHER (SPECIFY)				

SUBJECTS OF SPECIAL STUDY _____

SPECIAL TRAINING _____

ACTIVITIES (CIVIC, ATHLETIC, ETC.) _____

REFERENCES

Do not refer to previous employers or relatives

NAME	ADDRESS	PHONE

EMPLOYMENT EXPERIENCE

(Show last/present position first)

Employer	Dates of Employment:		From	To
Address	Job Title			
Phone	Monthly Earnings			
Supervisor	Supervisor's Title			
Nature of Work	Reason for Leaving		May we contact this employer?	

Employer	Dates of Employment:		From	To
Address	Job Title			
Phone	Monthly Earnings			
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Please provide any information that may be helpful in considering your application.

I certify that all information in this application is true, correct and complete. I understand that any misrepresentation or omission of fact made by me in the completion of this application will be sufficient cause to disqualify me for employment or, if employed, will be sufficient cause for termination.

Applicant's Signature

Date