

RECREATION DEPARTMENT SUMMER EMPLOYMENT APPLICATION

2300 Warrensville Center Road University Heights, Ohio 44118

Phone: (216) 932-7800 Fax: (216) 932-8531

E-mail: info@universityheights.com

		DATE				
PERSONAL I	ERSONAL INFORMATION (please print)					
NAMELast		Fir	First		Middle	
SSN						
ADDRESS _	Street	Apt.#	City	State	Zip Code	
PHONE:			Cell			
	<u>IF YOU A</u>	ARE UNDER 16 YEARS OLD, YOU	WILL NEED TO FURNISI	H A WORK PE	RMIT.	
Position(s) applying for:		○ FRONT DESK/STAFFER	○LIFEGUARD	○ LIFEGUARD (WSI)		
EDUCATIO						
High School	Diploma/GED C	Certificate?	○ No			
SCHOOL TY	PE	NAME & LOCATION			YEARS ATTENDED	
High School						
College/Trad	de School					
_		uard, WSI, CPR) – <u>Must be attacl</u>	ned to application.			
EXPERIENC						
Please list ex	xperiences and _l	positions you have had working v	with children.			
Employer			Employer			
Address			Address			
Phone #			Phone #			
Job Title	mlaymant. Fran		Job Title			
Dates of Employment: From To			Dates of Employment: From To			
Reason for Leaving: Work Performed:			Reason for Leaving: Work Performed:			
VVOIN FEITUI	ilicu.		work renomined.			
Employer			Employer			
Address			Address			
Phone #			Phone #			
Job Title			Job Title			
Dates of Employment: From To			Dates of Employme	nt: From	То	
Reason for Leaving:			Reason for Leaving:			
Work Performed:			Work Performed:			

If this does not apply, please state what spe why you feel qualified for the position.	cial characteristics you have that would benefit i	n working with children and
OTHER		
Do you have any other commitments dur Please indicate the commitment and the da	ing the summer season (i.e., other job, family te:	vacation, school, or other)?
REFERENCES		
Please list two (2) references:		
Name	Relationship	Phone #
Name	Relationship	Phone #
APPLICANT'S SIGNATURE		DATE