

CITY OF OGDENSBURG  
APPLICATION FOR EMPLOYMENT  
PARKS & RECREATION DEPARTMENT  
PART-TIME/SEASONAL

**PERSONAL INFORMATION**

NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

PHONE # \_\_\_\_\_

AGE \_\_\_\_\_ HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ HEALTH \_\_\_\_\_

DO YOU HAVE A DRIVER'S LICENSE? \_\_\_\_\_

**ACADEMIC PREPARATION**

**HIGH SCHOOL ATTENDED** \_\_\_\_\_

NO. OF YEARS \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

**COLLEGES/UNIVERSITY ATTENDED** \_\_\_\_\_

NO. OF YEARS \_\_\_\_\_ DATE OF GRADUATION \_\_\_\_\_

DO YOU INTEND TO RETURN TO SCHOOL IN THE FALL? \_\_\_\_\_

**PREVIOUS EMPLOYMENT**

<u>POSITION</u>	<u>LOCATION</u>	<u>DATES</u>	<u>REASON LEFT</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**TYPE OF EMPLOYMENT DESIRED**

\_\_\_\_\_

<u>REFERENCES</u>	<u>NAME</u>	<u>ADDRESS</u>	<u>PHONE</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____

\_\_\_\_\_  
SIGNATURE

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(con't)

**Certification(s)**

CPR                    \_\_\_ Yes     \_\_\_ No                    Expiration Date \_\_\_\_\_

First Aid             \_\_\_ Yes     \_\_\_ No                    Expiration Date \_\_\_\_\_

Life Saving           \_\_\_ Yes     \_\_\_ No                    Expiration Date \_\_\_\_\_

Earliest date you are available for any of the above re-certification courses is \_\_\_\_\_.