

# PART-TIME EMPLOYMENT APPLICATION

**EQUAL OPPORTUNITY EMPLOYER - DRUG FREE ENVIRONMENT**

 This application must be completed in full and legible. Please attach resume and cover letter.  
 A resume does not replace any section of this application. All statements are subject to verification.

**POSITION: Please mark one position per application**

<b>Recreation</b>	<b>Aquatics</b>	<b>Fitness</b>	<b>Guest Services</b>	<b>Parks &amp; Facility Maintenance</b>
<input type="checkbox"/> Rec Assistant 1	<input type="checkbox"/> Lifeguard	<input type="checkbox"/> Fitness Attendant	<input type="checkbox"/> Guest Services Assistant	<input type="checkbox"/> Park Maintenance Worker
<input type="checkbox"/> Rec Assistant 2	<input type="checkbox"/> Head Lifeguard	<input type="checkbox"/> Personal Trainer	<input type="checkbox"/> Guest Services Attendant	<input type="checkbox"/> Custodian
		<input type="checkbox"/> Fitness Instructor	<input type="checkbox"/> Child Watch Assistant	
			<input type="checkbox"/> Child Watch Attendant	

**GENERAL INFORMATION**

First Name:		Last Name:			MI:	Suffix:	
Street:			City:		State:	Zip:	
Phone 1:		Phone 2:		Email:			
Social Security Number: XX - XXX - ____		Are you under 18 years of age and with proof of eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A					
		Are you at least 18 years of age and eligible to work in this country? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date available to start:			Best time to Contact you:		Driver's License: <input type="checkbox"/> Yes <input type="checkbox"/> No State:		
Availability:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time Frame:							
Have you ever been employed with the City of Airway Heights? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', when and title?							
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', may we contact them? <input type="checkbox"/> Yes <input type="checkbox"/> No							
Have you ever been convicted by a court of law within the past seven years? <input type="checkbox"/> Yes <input type="checkbox"/> No							
If yes, please explain:							

**EDUCATION (High School, College, Other)**

Name & Location	Dates Attended (Month/Year)	Graduate	Degree & Year	Subject Area or Major
1.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
2.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		
3.)		<input type="checkbox"/> Yes <input type="checkbox"/> No		

**LICENSES & CERTIFICATIONS**  
 Describe any specialized training, licenses or certifications held. Copies for proof may be requested.

Name & Description	Issue Date:	Expiration Date:

**TRAININGS & SKILLS** Describe any specialized training, skills and extra-curricular activities related to the position.


**EMPLOYMENT HISTORY** Start with your present or most recent job. Include any job-related military service.

Employer:	Job Title:	Supervisor:
Address:		Phone:
May we contact?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
From (MM/YY):	To (MM/YY):	Hours/Week:
Specific duties:		

Employer:	Job Title:	Supervisor:
Address:		Phone:
May we contact?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
From (MM/YY):	To (MM/YY):	Hours/Week:
Specific duties:		

Employer:	Job Title:	Supervisor:
Address:		Phone:
May we contact?: <input type="checkbox"/> Yes <input type="checkbox"/> No		
From (MM/YY):	To (MM/YY):	Hours/Week:
Specific duties:		

**REFERENCES**

First & Last Name:	Phone Number:	Relationship:
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*The City of Airway Heights is a drug-free, Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, religion, sexual orientation, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state, or local law.*

I certify that all information on this application is true and complete to the best of my knowledge, and that intentional omissions or misrepresentations may be cause for the rejection of my application; and that if hired, I may be released from employment. I understand that the City of Airway Heights may require me to successfully complete a pre-employment drug and alcohol test and a background check as a condition of employment. I authorize all previous employers to furnish any and all information they may have concerning me, and I hereby release them and the City of Airway Heights from all liability or any damage whatsoever arising therefrom, except wage information. I certify that I have read the job description for the position for which I am applying, and I can perform the essential functions of the position. I understand that just as I am free to resign at any time, the City of Airway Heights reserves the right to terminate my employment at any time, as I am an at-will employee. I understand that no representative of the City of Airway Heights has the authority to make any assurances to the contrary.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**HOW DID YOU HEAR ABOUT THIS EMPLOYMENT OPPORTUNITY?**

<input type="checkbox"/> Walk in	<input type="checkbox"/> Facebook	<input type="checkbox"/> NRPA	<input type="checkbox"/> Spokesman Review	<input type="checkbox"/> City / Department Website
<input type="checkbox"/> Job Fair	<input type="checkbox"/> Instagram	<input type="checkbox"/> WRPA	<input type="checkbox"/> Cheney Free Press	<input type="checkbox"/> City Employee _____
<input type="checkbox"/> Flyer	<input type="checkbox"/> Job Posting Website: _____		<input type="checkbox"/> Other: _____	