



New Haven- Adams Twp. Parks & Recreation Department

Mailing: PO Box 157; New Haven, IN 46774 | Physical: 7500 SR 930 E; Fort Wayne, IN 46803
www.newhavenparksandrec.org * parksinfo@newhavenin.org * (260)749-2212

APPLICATION FOR EMPLOYMENT

Please indicate 1st and 2nd choice:

Playground Recreation Lifeguard Concessions Grounds
 Tennis Pool Admissions Facilities Other

First Name	Last Name	MI	Email address		
Present Address	Street	City	State	Zip	Telephone (Cell)
Permanent Address <i>(If different than above)</i>	Street	City	State	Zip	Telephone (Home)

Please list your two most recent employers starting with the most recent position.

Employer Name	Address	Dates Employed	Final Pay Rate
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Job Title and Duties	Reason for Leaving
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Employer Name	Address	Dates Employed	Final Pay Rate
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Job Title and Duties	Reason for Leaving
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Educational Background (Cont. on back page)

High School	Address	Dates Attended	Graduate (Y/N)
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Field of Study/Major



New Haven- Adams Twp. Parks & Recreation Department

Name - College or Continuing Ed.	Address	Dates Attended	Graduate (Y/N)
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Field of Study/Major

What skills, training, experience, and education do you possess that you feel qualify you for this position? Include relevant experience in related or non-related fields.

References- Please list 3 academic or Professional References. Please print.

First & Last Name	Phone Number	Occupation
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Do you have a valid Driver's License? _____ Yes _____ No _____ If so, type? _____ Exp. Date: _____

Specialized Training- please indicate any relevant certifications.

Course	Type (if applicable)	Certifying Agency	Expiration Date
CPR			
First Aid			
WSI			
Lifeguard			

Have you ever applied to the New Haven-Adams Twp. Parks and Recreation Department for employment?

____ Yes ____ No If yes, explain _____

I certify that the foregoing statements are true and correct and authorize the Park Board to investigate all references listed and to secure additional information if necessary. I understand that any false statements by me will be grounds for immediate discharge or refusal to hire.

Applicants Signature: _____ **Date:** _____