



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 (If different than above)	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
Job Title and Duties	Reason for Leaving		

Employer Name	Address	Dates Employed	Final Pay Rate
Job Title and Duties	Reason for Leaving		

Educational Background (Cont. on back page)

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



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Name - College or Continuing Ed.

Address

Dates Attended

Graduate (Y/N)

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:** _____