

City of Salem Recreation Department
Application for Employment
An Equal Opportunity Employer

Complete this Application for Employment in full and return to:
City of Salem Recreation Department
Attn: Recreation Director
101 South Broadway; Salem, IL 62881

Today's Date: _____ Are you 16 years of age or older? Yes No

First Name, Middle Initial, Last Name: _____

Street Address: _____ City _____ State _____ Zip Code _____

Phone Number (including area code): _____

Cell Phone Number (including area code): _____

Are you in high school college not in school? What grade level in school are you? _____

If you are not a student, what is your present occupation? _____

Employment Interest

- Pool Manager/Asst Mgr/Supervisor Ticketing/Concessions Attendant Lifeguard*
 Pool Maintenance/Groundskeeper Umpire/Referee Scorekeeper

***If applying to work as a lifeguard** at Salem Family Aquatic Center, either attach copies of your certification to this application or tell us when you will be taking the class: _____

If applying for the position of umpire/referee or scorekeeper, league preference: _____

Have you worked for the Salem Recreation Department previously? Yes No

If so, when? _____

Availability/Special Skills

What is the earliest possible date you are available to work? _____

Will you be available to work evenings and/or weekends? Yes No

What hobbies and special interests do you have? _____

Please list below your two most recent employers

Company Name: _____ City/State: _____

Supervisor's Name: _____ Phone Number: _____

Are you still employed by this Company? Yes No

If not, what was your reason for leaving? _____

Company Name: _____ City/State: _____

Supervisor's Name: _____ Phone Number: _____

Are you still employed by this Company? Yes No

If not, what was your reason for leaving? _____

Please list two references (friends, teachers, etc.) that you know well enough to recommend you.

Name: _____ Occupation: _____

Address: _____ Phone Number: _____

Name: _____ Occupation: _____

Address: _____ Phone Number: _____

Name of person to notify in case of emergency: _____

Relationship to you: _____ Phone Number: _____

I certify that all facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release all parties from all liability for any damage that may result from furnishing same to you.

I understand and agree, that if hired, my employment is for no definite period of time and may, regardless of the date of payment of my wages and salary, be terminated at any time without prior notice.

Signature

Date