

2019

APPLICATION FOR SUMMER/SEASONAL/PART-TIME EMPLOYMENT/INTERNSHIP

CITY OF JASPER DEPARTMENTS

P.O. Box 29 – 610 Main Street – Jasper, IN 47547-0029

For P/S Only

Dept. Head Only

****ALL QUESTIONS MUST BE COMPLETED "IN /WK" BY THE APPLICANT****

Name _____ Date _____
(Last) (First) (Middle)

S/S Number _____ - _____ - _____ Date of Birth (If under 18 yrs. of age) ____/____/____

Address _____ Telephone (____) _____ Cell (____) _____

City _____ State _____ Zip _____

Requested Start Date _____ Expected End Date _____

In case of emergency, notify:

Name _____ (Relationship:) _____ Address _____ Phone:(Home) _____ (Work) _____

Can you furnish a work permit if required? _____ Yes _____ No Driver's license number (If applicable) # _____

Have you ever been employed here before? _____ Yes _____ No
If yes, give position held and dates _____ From ____/____/____ To ____/____/____

Position Desired: In what areas do you want to be considered for employment? Indicate your preference by checking **ALL** areas interested in:

(Note: Open Positions may not necessarily be available in all categories listed below.)

- Park Maintenance
- Golf Course Pro Shop
- Golf Course Maintenance
- Swimming Pool Mgr. or Asst. Mgr.
- Internship (Field of Study: _____)
- Swimming Pool Lifeguard
- Swimming Pool Concession Stand
- Preschool Camp
- Exceptional Camp – Camp Care
- Park Special Events
- Street Department
- Gas & Water Department
- ALL/Other _____
- Electric Department.
- Wastewater Treatment Dept.
- Jasper Arts Dept.

Skills & Qualifications: Summarize any special training, skills, or characteristics that may qualify you to perform job related functions for the position which you are applying.

EMPLOYMENT HISTORY

INSTRUCTIONS: Provide the following information of your past and current employers (Excluding City of Jasper Departments).

Employer Name	Address, City, State	Phone Number	Job Duties	Dates Employed From & To

REFERENCES

INSTRUCTIONS: Names of relatives will not be accepted. References should refer to employers, teachers, and personal associates.

Name	Address, City, State	Phone Number	Title	YRS. KNOWN

It is understood and agreed upon that any misrepresentation by me on this application will be sufficient cause for cancellation of this application and/or separation from the City of Jasper's service if I have been employed. I understand I am being considered for employment by the City of Jasper in a temporary capacity only and for such time as my services are required. I understand this temporary employment does not entitle me to any special consideration for permanent employment. I further understand that my temporary employment may be terminated by the City of Jasper at any time, without resort to the handbook disciplinary procedures set forth for permanent employees. I also understand that I am not eligible to participate in any fringe benefit programs except those statutorily required. I give the employer the right to investigate all references, past and present employers, and to secure additional organizations for furnishing such information. I understand it is the City of Jasper's policy not to refuse to hire a qualified individual with a disability because of this person's need for an accommodation that would be required by the ADA.

APPLICANT'S SIGNATURE _____

DATE _____

RETURN APPLICATIONS TO:

Personnel Director, c/o EOE #CWPT-2019 P.O. Box 29 – 610 Main St. Jasper, IN 47547-0029