

**CITY OF JASPER**  
**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 INK" BY THE APPLICANT\*\***

Name \_\_\_\_\_ Title: \_\_\_\_\_  
(Last) (First) (Middle) (Mr., Ms., Mrs., Miss, etc.)

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: \_\_\_\_\_

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.)

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

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	Years 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 P.O. Box 29 – 610 Main St. Jasper, IN 47547-0029**  
or email to: [hra@jasperindiana.gov](mailto:hra@jasperindiana.gov)