



CROCKETT COMMUNITY SERVICES DISTRICT CROCKETT RECREATION DEPARTMENT EMPLOYMENT APPLICATION

Please first read the Application Statement on the reverse side. Then fill out the application in your own handwriting or printing. Be accurate and complete. Information you give will not be used for purposes prohibited by law

Name (First)	(Middle)	(Last)	Social Security No.	Date
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Address (No. & Street)	(City)	(State)	(Zip)	How Long?	Phone
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Date of Birth	Age	If under 18, do you have a work permit? <input type="checkbox"/> Yes <input type="checkbox"/> No
Day	Month	Year

Type of Job Desired Manager Asst. Manager Head Lifeguard
 LIFEGUARD OFFICE MAINTENANCE SWIM INSTRUCTOR

Education	Name of School	Location of School	No. Graduated				Major
			Yrs. Yes	No	Mo. Yr.		
Last Grade or High School							
Colleges and Universities							

Previous Employment: List all employment with present or last job first. Include military service, school vacation jobs exceeding one month, and unpaid or volunteer work experience.

From Mo.	To Yr.	Approx. No. Hrs Per Week	Employer Address, Phone No.	Work Performed & Supervisor's Name	Wage or Salary	Reason of Leaving
			Phone No.			
			Phone No.			
			Phone No.			

Activities & Interests Exclude any organizations or society whose name indicates the race, sex, age, color, national origin or ancestry of its members

1. School Activities (Sports, Student Government, Honors, etc.)

2. Other Interests (Hobbies, Community Activities, etc.)

References:
List two references (Do not include relatives, persons employed by CCSD, or those for whom you have worked).

Name	Occupation	Years Known
Address	<input type="checkbox"/> Personal Friend <input type="checkbox"/> Business or Professional Acquaintance	
Name	Occupation	Years Known
Address	<input type="checkbox"/> Personal Friend <input type="checkbox"/> Business or Professional Acquaintance	

Application Statement

In consideration of employment, if employed, I agree to comply with CCSD's work rules and policies and agree my employment and compensation can be terminated without cause and with or without notice at any time at the option of either CCSD or myself. I understand that in any case, employment ends when the pool closes in the Fall. I understand and agree that no promises or representations contrary to the forgoing are binding on CCSD unless made in writing and signed by me and an officer of the CCSD.

The information I have given is true and correct. I agree that any misrepresentation, false statement, or omission involving this application will be sufficient cause for CCSD to withdraw any offer of employment or to terminate my employment at any time.

Signature: _____

FOR CCSD USE

DATE	INTERVIEWED BY:	REMARKS
DATE	INTERVIEWED BY:	REMARKS

CERTIFICATES:

CPR	Date Issued	Date Expires
FIRST AID	Date Issued	Date Expires
LIFEGUARD	Date Issued	Date Expires
OTHER	Date Issued	Date Expires

Shirt size (circle) S M L XL XXL