

Fredericktown Recreation District

PO Box 86 / 12 Mill Street

Fredericktown OH, 43019

740-694-8366

Job Application

Name: _____ Age: _____ Phone (_____) - _____ - _____ Date: _____

Address: _____

Social Sec. #: _____ - _____ - _____

Date of Birth: ____/____/____

Cell Phone: (_____) - _____ - _____ Email: _____

Position applying for: _____

Have you contributed to PERS in the past? Yes No

Have you ever worked for Fredericktown Recreation District before? Yes No

How many hours per week would you like to work? _____

Are you available to work weekends if needed? Yes No

When could you begin work? _____

When would you expect your last working day for the summer season to be? _____

When would be the best times for an interview? _____

What experience do you have (driving a truck, riding mowers, carpentry skills, teaching of any kind, life guarding, etc.)?

Do you hold any type of certification or special qualifications? _____

Are you presently certified in CPR of First Aid? Yes No

List at least three references other than family members:

Have you had any previous employment? Yes No If so, last position and wages per hour: _____

List all other previous job experiences in this space:

In your own words, state what you believe you would be expected of you, should you be given the job for which you have applied:

In the space provided, list anything that you feel would help us know you better as a person or as a worker:

Other Comments: _____
