## Application for Employment



Splash Pad

Contact Information			
Name			
Street Address			
City ST ZIP Code			
Home Phone			
Cell Phone			
Primary E-Mail Addres	SS		
Availability			
•	you available for assignments?		
Weekday morning	gs Weekend mornings		
Weekday afternoo			
Weekday evening	s Weekend evenings		
Education			
	Name and Address of School	Course of Study	Number of Years Completed
Elementary School			
High School			
Special Skills or Qu	alifications		
	ls and qualifications you have acques, including hobbies or sports. Ex		evious volunteer work,

Summarize your previous Work experience.				
Person to Notify in Case of	of Emergency			
Name				
Street Address				
City ST ZIP Code				
Home Phone				
Work Phone				
E-Mail Address				
A suppose of and Clausetine				
Agreement and Signature				
	I affirm that the facts set forth in it are true and complete. I understand that			
	r, any false statements, omissions, or other misrepresentations made by sult in my immediate dismissal.			
Name (printed)				
Signature				
Date				

## **Our Policy**

**Previous Work Experience** 

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.