

Date Received

OFFICE USE ONLY

HIRED \_\_\_\_\_

POSITION \_\_\_\_\_

# City of Austin Part-time/Seasonal Application for Public Works & Park & Recreation Positions

Name \_\_\_\_\_

Date \_\_\_\_\_

Current Address \_\_\_\_\_

Current Telephone/  
Cell Phone \_\_\_\_\_

Permanent Address \_\_\_\_\_  
(If different)

Are you under the age of 18?  
If so, date of birth \_\_\_\_\_

Email address \_\_\_\_\_

Do you have a valid driver's license? Y or N

Application for Position as \_\_\_\_\_

## EDUCATION

|                                   | Attended<br>Institutions | Circle Years<br>Completed or<br>Dates Attended |    |    |    | Major and Minor | Degree or Diploma |
|-----------------------------------|--------------------------|--|----|----|----|-----------------|-------------------|
|                                   |                          | 9  | 10 | 11 | 12 |                 |                   |
| High School                       |                          |  |    |    |    |                 |                   |
| College or<br>University          |                          | 1  | 2  | 3  | 4  |                 |                   |
| Post-Graduate                     |                          |  |    |    |    |                 |                   |
| Special Training<br>in Recreation |                          |  |    |    |    |                 |                   |
|                                   |                          |  |    |    |    |                 |                   |

## EXPERIENCE Start with present or last job.

| Employer | Address | Kind of Work | Dates Employed |       |
|----------|---------|--------------|----------------|-------|
|          |         |              | Begun          | Ended |
|          |         |              |                |       |
|          |         |              |                |       |
|          |         |              |                |       |
|          |         |              |                |       |
|          |         |              |                |       |

## REFERENCES Adults, No Relatives

| Name | Telephone Number | Address | Position or Occupation |
|------|------------------|---------|------------------------|
|      |                  |         |                        |
|      |                  |         |                        |
|      |                  |         |                        |
|      |                  |         |                        |

In the following list of activities, check once those in which you have taken part or had special training.

**Check twice those you have organized or directed and in which you are prepared to train others.**

**MAINTENANCE**

Lawn Mowing \_\_\_\_\_  
Turf Maintenance \_\_\_\_\_  
Street Maintenance \_\_\_\_\_  
Equipment Operations \_\_\_\_\_  
Laboratory \_\_\_\_\_  
  
General Construction \_\_\_\_\_  
Horticulture \_\_\_\_\_

**DANCING**

Ballroom \_\_\_\_\_  
Folk \_\_\_\_\_  
Modern \_\_\_\_\_  
Square \_\_\_\_\_  
Tap \_\_\_\_\_  
Jazz \_\_\_\_\_

**PHYSICAL ACTIVITIES**

Baseball \_\_\_\_\_  
Basketball \_\_\_\_\_  
Bowling \_\_\_\_\_  
Field Hockey \_\_\_\_\_  
Softball (Fast Pitch) \_\_\_\_\_  
Softball (Slow Pitch) \_\_\_\_\_  
Football \_\_\_\_\_  
Golf \_\_\_\_\_  
Gymnastics & Stunts \_\_\_\_\_

**NATURE ACTIVITIES**

Camping \_\_\_\_\_  
Hiking \_\_\_\_\_  
Woodcraft \_\_\_\_\_

**AQUATICS &  
FIRST AID TRAINING**

Check  
If current

Standard First Aid \_\_\_\_\_  
Community CPR \_\_\_\_\_  
Infant & Child CPR \_\_\_\_\_  
Emergency Water Safety \_\_\_\_\_  
Lifeguard Training \_\_\_\_\_  
W.S.I. \_\_\_\_\_  
Jeff Ellis & Associates \_\_\_\_\_

Ice Hockey \_\_\_\_\_  
Soccer \_\_\_\_\_  
Table Tennis \_\_\_\_\_  
Tennis \_\_\_\_\_  
Track & Field \_\_\_\_\_  
Tumbling \_\_\_\_\_  
Volleyball \_\_\_\_\_  
Wrestling \_\_\_\_\_

**OFFICIATING**

Basketball \_\_\_\_\_  
Volleyball \_\_\_\_\_  
Softball \_\_\_\_\_

Indicate the particular phases of maintenance work in which you are especially interested and for which you believe you are best qualified.

Indicate the particular phases of recreation work in which you are especially interested and for which you believe you are best qualified.

What days are you available? \_\_\_\_\_ What hours? \_\_\_\_\_

Available beginning \_\_\_\_\_ (day and month) to \_\_\_\_\_ (day and month)

If experience with the following age groups, explain: Pre-school \_\_\_\_\_ Elementary Age \_\_\_\_\_

Middle School \_\_\_\_\_ Senior High \_\_\_\_\_

Adults \_\_\_\_\_ What age do you prefer? \_\_\_\_\_

List of personal interests \_\_\_\_\_

What is your favorite form of recreation? \_\_\_\_\_

**I certify that answers given are true and complete, to the best of my knowledge.**

Date \_\_\_\_\_

Signature of applicant \_\_\_\_\_