

# Columbus Parks and Recreation Department Part-Time/Seasonal Application



An Equal Opportunity Employer

Date \_\_\_\_\_

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_  
 (Last) (First) (Middle)

Address \_\_\_\_\_ Phone (\_\_\_\_\_) \_\_\_\_\_  
 (Street) (City) (State) (Zip)

Address (School or College) \_\_\_\_\_ School Phone ( ) \_\_\_\_\_

Age (if under 18 years) \_\_\_\_\_

Indicate all positions in which you are interested with a check mark. Show your top preferences with numbers 1, 2, 3, etc.

**Donner Pool**

- \_\_\_ Cashier/Concession
- \_\_\_ Lifeguard
- Do You Have?
- \_\_\_ WSI
- \_\_\_ Lifeguarding
- \_\_\_ Other \_\_\_\_\_

**Hamilton Center**

- \_\_\_ Cashier/Concession
- \_\_\_ Skate Guard
- \_\_\_ Instructor
- \_\_\_ Office Supervisor\*
- \_\_\_ Maintenance\*
- \_\_\_ Other \_\_\_\_\_

**Gymnastics Center**

- \_\_\_ Instructor
- \_\_\_ Office
- \_\_\_ Other \_\_\_\_\_

**Donner Center**

- \_\_\_ Office
- \_\_\_ Building Supervisor\*

**Maintenance\***

- \_\_\_ Parks
- \_\_\_ Park Horticulture
- \_\_\_ Athletic Fields
- \_\_\_ Custodian

**Recreation**

- \_\_\_ Playground Supervisor
- \_\_\_ Special Swim
- \_\_\_ Day Camp/Preschool
- \_\_\_ Craft Instructor -
- \_\_\_ Adult \_\_\_ Child

**Sports**

- \_\_\_ Batting Cage Attendant
- \_\_\_ Lincoln Concessions
- \_\_\_ Tennis Instructor
- \_\_\_ Other \_\_\_\_\_

**Security\***

- \_\_\_ Park/Pool Patrol

**\*Must be 18 Years or older to apply for these positions.**

SCHOOL	NAME & ADDRESS	DATES ATTENDED	MAJOR DEGREE	GRAD.
High School				
College				
Technical or other				

List special skills or qualifications: \_\_\_\_\_

Can you speak a foreign language? \_\_\_ If yes, what language? \_\_\_\_\_

High School Equivalency Diploma (GED) obtained, if so where \_\_\_\_\_

Do you have a valid Indiana Driver's License? Yes \_\_\_ No \_\_\_ Expiration Date \_\_\_\_\_

Do you have an Indiana Commercial Driver's License? \_\_\_\_\_

First available day to begin work: \_\_\_\_\_

List any job related volunteer work, hobbies, or memberships \_\_\_\_\_

Were you in the Military Service? Yes \_\_\_ No \_\_\_ Date of Duty: From \_\_\_\_\_ To \_\_\_\_\_

Have you worked for the City of Columbus before? \_\_\_\_\_ In what position? \_\_\_\_\_

Have you ever been convicted of any criminal offense? Yes \_\_\_ No \_\_\_

If yes, explain what, when and where: \_\_\_\_\_

EMPLOYMENT HISTORY (List last or present place of employment first)

Name of Employer \_\_\_\_\_ Name of Employer \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_  
Hourly Wage/Salary \_\_\_\_\_ Hourly Wage/Salary \_\_\_\_\_  
Dates employed \_\_\_\_\_ to \_\_\_\_\_ Dates employed \_\_\_\_\_ to \_\_\_\_\_  
Position \_\_\_\_\_ Position \_\_\_\_\_  
Name of Supervisor \_\_\_\_\_ Name of Supervisor \_\_\_\_\_  
May we contact all previous employers? \_\_\_\_\_ Explain \_\_\_\_\_

REFERENCES: (Please list three references other than relatives or previous employers.  
Local references are preferred.)

Name \_\_\_\_\_ Name \_\_\_\_\_  
Address \_\_\_\_\_ Address \_\_\_\_\_  
Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

I certify that all the above information contained in this application is correct to the best of my knowledge. I agree that any misrepresentation or omission of facts is reason for dismissal. I further authorize the City of Columbus, its agents and employees, considering my request for employment, to conduct a criminal record and background check through any resources available to the City of Columbus. I hereby release and indemnify the City of Columbus, its agents and employees and the persons, businesses, or agencies from whom the information is requested, of liability of any kind or nature of responsibility for any damages that at any time may occur from conducting a criminal record or background search of the employee or applicant. This release of all liability and responsibility includes, but is not limited to, all discussions with past or present employers, friends, criminal record checks, credit checks and license checks.

Furthermore, should I become employed (or re-employed), this release of liability and responsibility shall remain valid, for periodic re-checks during my employment with the City of Columbus.

**I understand that, if offered employment with the department, I must complete a separate Employment Screening Consent/Release Form. This form is to be submitted to the Director of Business Services at Donner Center, 22nd & Sycamore Streets, along with a non-refundable payment of \$15.00 to cover the cost of the employment screening. Employment cannot begin until the report from the investigating firm is received.**

A copy of this document shall be as valid as the original.

Applicant's Signature \_\_\_\_\_

Applicant Name (Printed) \_\_\_\_\_

The City of Columbus does not discriminate in hiring or employment on the basis of race, color, religion, national origin, age, sex, or disability.

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Please return application to Donner Center or mail to Columbus Parks and Recreation  
P.O. Box 858  
Columbus, IN 47202