

APPLICATION FOR EMPLOYMENT



ALL INFORMATION PROVIDED IS SUBJECT TO THE NORTH DAKOTA OPEN RECORDS LAW | EQUAL OPPORTUNITY EMPLOYER

TODAY'S DATE:

MUST COMPLETE APPLICATION IN FULL | PRINT OR TYPE
IF ACCOMMODATION IS NEEDED, PLEASE CONTACT 701-456-2074

PART I POSITION INFORMATION

Position Status:	Part-time	Seasonal	Full-Time
Interested Positions:	Please visit dickinsonparks.org to see a listing of current positions available. Be specific, don't use "any position"		
1.	2.	3.	

PART II PERSONAL INFORMATION

FIRST NAME:		LAST NAME:	
ADDRESS:		CITY/STATE:	ZIP:
EMAIL ADDRESS:		PHONE:	
Are you age 16 or older?	YES NO	Are you age 18 or older?	YES NO
		Are you eligible to work in the United States?	
Are/were you in the Armed Forces?	YES NO	If yes, what Branch?	
Current Drivers License:	YES NO	Class:	State:
Have you worked with us before?	YES NO	If yes, what position and when?	

PART III GENERAL INFORMATION

Date available to begin employment?				
Are you willing to work weekends/holidays?	YES NO			
Are you willing to work both days and evenings?	YES NO			
Work Availability:	10-20 Hours	20-30 Hours	30-40 Hours	Other
Work Availability Comments:				

PART IV EDUCATIONAL PREPARATION (High School, College / Trade School)

Name of School:	
City/State:	Dates Attended:
Name of School:	
City/State:	Dates Attended:
Name of School:	
City/State:	Dates Attended:

PART V OTHER TRAINING, LICENSES, CERTIFICATES

List any special qualifications relevant to the position for which you are applying and are not covered elsewhere in your application (such as technical skills and/or computer, childcare training, CPR, First Aid, WSI, Lifeguard Certification, etc.) For licenses and certificates you must include date and place of issuance, date of expiration and be able

CONTINUED ON BACK >>>

PART VI WORK EXPERIENCE (List last two jobs held, including current one)

Is this your first job? YES ☐ NO ☐

1. Name of Business:

City/State:

Supervisor:

Phone:

Describe type of work you did:

Employment Dates:

Reason for leaving:

May we contact this employer?

2. Name of Business:

City/State:

Supervisor:

Phone:

Describe type of work you did:

Employment Dates:

Reason for leaving:

May we contact this employer?

PART VII PERSONAL REFERENCES

List individuals who are not related to you and are not previous employers

Name:	Phone:	Relationship:
Name:	Phone:	Relationship:
Name:	Phone:	Relationship:

PART VIII AUTHORIZATION

I certify that all facts contained in this application are true and complete to the best of my knowledge and understand and agree that any misstatement will be grounds for disqualification and dismissal from employment by Dickinson Parks and Recreation. I authorize investigation of all statements contained herein and the references and employers listed to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, to include a background check into felony convictions and child neglect or abuse and release Dickinson Parks and Recreation of any liability and any damage that may result from utilization of such information. I understand by providing information on this application that there is no contractual or implied agreement between myself and Dickinson Parks and Recreation.

Applicant Signature:

Date:

EMPLOYEE REFERRAL

Were you referred by a current Dickinson Parks & Recreation employee? YES NO

If yes, please provide name of employee? _____

RETURN COMPLETED APPLICATION TO:



Dickinson Parks & Recreation

2004 Fairway Street

Dickinson, ND 58601

(located inside the
West River Community Center)

QUESTIONS? NEED MORE INFO?



WEBSITE

dickinsonparks.org



EMAIL

dprd@dickinsonparks.org



PHONE