

# CITY OF DARLINGTON

## Application for employment

### Personal Information

Date: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle

Present Address: \_\_\_\_\_  
Street City State

Permanent Address: \_\_\_\_\_  
Street City State

Cell phone: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

### Employment Desired (check all that apply)

#### **Parks**

Forman \_\_\_\_\_  
Maintenance \_\_\_\_\_

#### **Pool**

Pool manager \_\_\_\_\_  
Assistant manager \_\_\_\_\_  
Water Safety Instructor \_\_\_\_\_  
Lifeguard \_\_\_\_\_

#### **Summer Recreation Instructor**

T – ball, Pitchball / parks \_\_\_\_\_  
Pony league / parks \_\_\_\_\_

#### **Concession Stand** \_\_\_\_\_

#### **Umpire/Referee**

Pony league games \_\_\_\_\_  
Flag Football games \_\_\_\_\_

Girl's softball games \_\_\_\_\_  
Basketball games \_\_\_\_\_

Are you employed now:    yes \_\_\_\_\_    no \_\_\_\_\_  
If so may we contact your present employer:    yes \_\_\_\_\_    no \_\_\_\_\_

Date you can start work: \_\_\_\_\_

### Education

Name and location  
of School

Years  
Attended

Did you  
Graduate

Grammar School \_\_\_\_\_

High School \_\_\_\_\_

College \_\_\_\_\_

Trade, Vo – Tec \_\_\_\_\_

## Former Employers

(last four employers, starting with last employer first)

Date Month / Year	Name and Address of Employer	Salary / Hourly wage	Position	Reason for Leaving
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				
From: _____				
To: _____				

## References (list names of three persons not related to you)

Name	Address	Phone	Business	Years Acquainted
1. _____				
2. _____				
3. _____				

Please list any other special qualifications or certificates that you may have which will help you with this job? \_\_\_\_\_

\_\_\_\_\_

Please list your interests, hobbies or skills that you may have which will help you with this job?

\_\_\_\_\_

\_\_\_\_\_

## Physical Record

Do you have any physical limitations that may limit you from performing any work for which you are being considered? Please describe: \_\_\_\_\_

\_\_\_\_\_

## Emergency Contact Person:

\_\_\_\_\_

Name	Address	Phone
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Signature: \_\_\_\_\_

Date: \_\_\_\_\_