



City of Chaska  
 Department of Parks and Recreation  
 1661 Park Ridge Drive  
 Chaska, MN 55318  
 952-448-3176

We are an equal opportunity employer, dedicated to a policy of non-discrimination in employment on any basis including race, color, age, sex, religion, or national origin.

## Part Time Application for Employment

### PERSONAL INFORMATION

Date / /

Name \_\_\_\_\_

Last

First

Middle

Present Address \_\_\_\_\_

Street

City

State

Zip

Permanent Address \_\_\_\_\_

Street

City

State

Zip

Phone No. \_\_\_\_\_ Referred By: \_\_\_\_\_

Are you under the age of 18? Yes  No  If yes, can you provide proof of age? Yes  No   
 If offered employment, are you able to provide proof of your identity and eligibility to work in the U.S. as required by Federal Law? Yes  No

### EMPLOYMENT DESIRED

Position \_\_\_\_\_ Date you can start / / \_\_\_\_\_ Desired Salary \_\_\_\_\_

Are you currently employed? \_\_\_\_\_ If so, may we inquire of your present employer? \_\_\_\_\_

Ever applied to this company before? \_\_\_\_\_ Where \_\_\_\_\_ When \_\_\_\_\_

### AVAILABILITY

| Sunday | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--------|--------|---------|-----------|----------|--------|----------|
| From   | From   | From    | From      | From     | From   | From     |
| To     | To     | To      | To        | To       | To     | To       |

Are you looking for: Part Time  Temporary  Number of hours per week: \_\_\_\_\_  
 Are you available to work day? Yes  No  Date available to being work: \_\_\_\_\_  
 Are you available to work nights? Yes  No  Are you available to work weekends? Yes  No

All candidates interested in a Management position must complete the information below.

A valid U.S. state driver's license and state minimum insurance coverage is required for all shift and salaried management positions.

Do you have a valid U.S. state driver's license? Yes  No  Do you have state minimum insurance coverage? Yes  No   
 If yes, indicate state and number: \_\_\_\_\_ If yes, indicate state, company, and policy number: \_\_\_\_\_  
 Do you have 2 or more years of driving experience? Yes  No

### EDUCATION

Name and Location of School

Circle Last Year Completed

Did you Graduate?

Subjects Studied and Degree(s) Received

|   |       |         |           |       |
|---|-------|---------|-----------|-------|
| High School                               | _____ | 1 2 3 4 | YES<br>NO | _____ |
|   | _____ |         |           |       |
| College                                   | _____ | 1 2 3 4 | YES<br>NO | _____ |
|   | _____ |         |           |       |
| Trade, Business, or Correspondence School | _____ | 1 2 3 4 | YES<br>NO | _____ |
|   | _____ |         |           |       |

Special Skills: \_\_\_\_\_

Activities Other than Religious (Civic, Athletic, etc.): \_\_\_\_\_

EXCLUDE ORGANIZATIONS, THE NAME OR CHARACTER OF WHICH INDICATES THE RACE, AGE, SEX, COLOR, OR NATIONAL ORIGIN OF ITS MEMBERS.

**FORMER EMPLOYERS**

List below the last four employers, starting with the last one first.

| Date (Month and Year) | Name and Address of Employer | Salary | Position | Reason for Leaving |
|-----------------------|------------------------------|--------|----------|--------------------|
| From:                 |                              |        |          |                    |
| To:                   |                              |        |          |                    |
| From:                 |                              |        |          |                    |
| To:                   |                              |        |          |                    |
| From:                 |                              |        |          |                    |
| To:                   |                              |        |          |                    |
| From:                 |                              |        |          |                    |
| To:                   |                              |        |          |                    |

**REFERENCES:** Give below the names of three persons not related to you, whom you have know at least one year.

| Name | Address | Business | Years Acquainted |
|------|---------|----------|------------------|
|      |         |          |                  |
|      |         |          |                  |
|      |         |          |                  |

**PHYSICAL RECORD:** Do you have any physical condition which may limit your ability to perform the job applied for? *This question is voluntary, and any answers will be kept confidential.*

**In Case of Emergency Notify:**

Name Address Phone No.

**Job Offer Contingent Requirements:**

All job offers will be contingent on the result of a Social Security Number Verification.  
 All job offers for any positions that require driving on company business will be contingent on the result of a Motor Vehicle Record Check  
 All job offers will be contingent on the result of a Background Check.  
 I have read and fully understand the foregoing and seek employment under these conditions.

I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for is cause for dismissal. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated any time without any previous notice.

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

**DO NOT WRITE BELOW THIS LINE**

Interviewed By \_\_\_\_\_ Date: \_\_\_\_\_

REMARKS: \_\_\_\_\_

|          |  |         |  |
|----------|--|---------|--|
| Neatness |  | Ability |  |
|----------|--|---------|--|

|       |           |          |             |              |
|-------|-----------|----------|-------------|--------------|
| Hired | For Dept. | Position | Will Report | Salary Wages |
|-------|-----------|----------|-------------|--------------|

Approved: 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_  
 Employment Manager Dept. Head General Manager