



The Department of Recreation & Wellness
Part-Time Temporary Employment Application

Applicant Information

Full Name: Last First M.I. Date:

Address: Street Address Apartment/Unit #

City State ZIP Code

Phone: () E-mail Address:

Date Available: Social Security No.: Hourly Salary Desired: \$

Position Applied for:

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for Clayton State? YES NO If so, when?

Have you ever been convicted of a felony? YES NO If yes, explain:

Education

High School: Address:

From: To: Did you graduate? YES NO Degree:

College: Address:

From: To: Did you graduate? YES NO Degree:

Other: Address:

From: To: Did you graduate? YES NO Degree:

References

Please list three professional references.

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Full Name: Relationship:

Company: Phone: ()

Address:

Previous Employment

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Company: _____ Phone: (____) _____

Address: _____ Supervisor: _____

Job Title: _____ Starting Salary: \$ _____ Ending Salary: \$ _____

Responsibilities: _____

From: _____ To: _____ Reason for Leaving: _____

May we contact your previous supervisor for a reference? YES NO

Availability

- | | | | | | |
|------------------------------------|--|---------------------------------------|---------------------------------------|---------------------------------------|--------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> 6 am – 8 am | <input type="checkbox"/> 8 am – 12 pm | <input type="checkbox"/> 1 pm – 6 pm | <input type="checkbox"/> 6 pm – 10 pm | Other: _____ |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> 6 am – 8 am | <input type="checkbox"/> 8 am – 12 pm | <input type="checkbox"/> 1 pm – 6 pm | <input type="checkbox"/> 6 pm – 10 pm | Other: _____ |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> 6 am – 8 am | <input type="checkbox"/> 8 am – 12 pm | <input type="checkbox"/> 1 pm – 6 pm | <input type="checkbox"/> 6 pm – 10 pm | Other: _____ |
| <input type="checkbox"/> Thursday | <input type="checkbox"/> 6 am – 8 am | <input type="checkbox"/> 8 am – 12 pm | <input type="checkbox"/> 1 pm – 6 pm | <input type="checkbox"/> 6 pm – 10 pm | Other: _____ |
| <input type="checkbox"/> Friday | <input type="checkbox"/> 6 am – 8 am | <input type="checkbox"/> 8 am – 12 pm | <input type="checkbox"/> 1 pm – 6 pm | <input type="checkbox"/> 6 pm – 10 pm | Other: _____ |
| <input type="checkbox"/> Saturday | <input type="checkbox"/> 10 am – 12 pm | <input type="checkbox"/> 12 pm – 4 pm | <input type="checkbox"/> 6 pm – 10 pm | Other: _____ | |
| <input type="checkbox"/> Sunday | <input type="checkbox"/> 11 am – 3 pm | <input type="checkbox"/> 3 pm – 7 pm | <input type="checkbox"/> 7 pm – 10 pm | Other: _____ | |

When are you available to begin work? Date: _____

Skills & Ability

EQUIPMENT EXP	Basic	Interm.	Advanced	EXPERIENCE	Mo/Yrs
Cardio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal Trainer	_____
Selectorized Machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Supervision / Mgmt	_____
Free Weights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Group Exercise Instructor	_____
Stability Ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	County Rec Dept Exp	_____
Medicine Ball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Summer Sports Camps	_____
Other: _____				Customer Service	_____

Are you First Aid Certified? YES NO Expiration Date: _____ Organization: ARC AHA

Are you CPR certified? YES NO Expiration Date: _____ Organization: ARC AHA

Disclaimer and Signature

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

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____