

APPLICATION FOR PART-TIME EMPLOYMENT

POINT MALLARD PARK

2901-D POINT MALLARD CIRCLE, S.E.
DECATUR, ALABAMA 35601
(256) 341-4900

EQUAL OPPORTUNITY EMPLOYER

For employer's use ONLY.

Position Assigned:
Rate of Pay:

INSTRUCTIONS: ALL BLANKS MUST BE FILLED IN WITH TYPEWRITER OR WITH INK.

Full name as it appears on your Social Security Card Last Name First Middle	First Name you prefer to be called
Street Address	Telephone Number
City, State, County, Zip	Social Security Number
Have you ever been employed here before? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes: Month and Year _____ Location _____	Position desired
Where were you born City County State	Date of your Birth Your Age*
Are you a citizen of the United States?	
Have you ever been discharged or forced to resign from a position? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attach a complete explanation to this application.	
Have you ever been convicted of any law violation other than a minor traffic violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give the name and location of the court, date, nature of charge and disposition of the case on a separate sheet and attach it to this application.	
When would you be available for an interview? _____	
Date you will be able to start work _____ Date you must quit work _____	
Can you work nights, weekends, and holidays? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, please explain	
Will you have to be away any time during your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please give details	
Do you have transportation to work? <input type="checkbox"/> Yes <input type="checkbox"/> No Will you be able to arrive at work on time? <input type="checkbox"/> Yes <input type="checkbox"/> No	

COMPLETE THIS SECTION IF YOU ARE APPLYING FOR A LIFEGUARD POSITION

Have you ever been certified as a lifeguard? () Yes () No
If yes, Year _____
If yes, name of agency _____ Have you ever had any first aid, CPR or other related training? () Yes () No
If yes, explain _____

REFERENCES

List three reliable adults, not relatives, employers, or fellow employees, who know you well enough to give information about you.		
Name	Occupation/Telephone No.	Address

*Discrimination in employment against persons age forty and above is prohibited by Law. If employed you are required to complete INS Form I-9 and furnish for inspection your driver's license and social security card or other acceptable documents which verify your identity, citizenship status and employment eligibility in the United States.

NAME AND ADDRESS OF SCHOOL		FROM	TO	GRADUATE?	DEGREE
HIGH SCHOOL				<input type="checkbox"/> Yes <input type="checkbox"/> No	
COLLEGE				<input type="checkbox"/> Yes <input type="checkbox"/> No	
SPECIAL TRAINING, BUSINESS, TRADE OR CORRESPONDENCE, ETC.				<input type="checkbox"/> Yes <input type="checkbox"/> No	

EMPLOYMENT RECORD

Beginning with your PRESENT or most recent employment, list in REVERSE ORDER periods of employment. Each time you changed jobs or your title changed should be listed as a separate period. Give complete information, especially about the kind of work you did.

Company Name	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Salary Start Last
State Job Title and Describe Your Work	Reason For Leaving
Company Name	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Salary Start Last
State Job Title and Describe Your Work	Reason For Leaving
Company Name	Telephone () -
Address	Employed (State Month and Year) From To
Name of Supervisor	Salary Start Last
State Job Title and Describe Your Work	Reason For Leaving

Show other experience, skills or qualifications by using additional sheets.

I hereby certify that all statements made hereon and attached hereto are true and correct to the best of my knowledge. Any false statement may be cause for denying me the right to employment. I further understand that Point Mallard may conduct a reference check into my previous employment history and background and give Point Mallard permission to do so. I understand this is a part-time seasonal position, and my job will be terminated at the end of the seasonal period.

Date _____ Signed _____

Point Mallard Department

FOR CITY OF DECATUR PERSONNEL DEPARTMENT USE ONLY

Applicant: Fill in only the shaded areas below (please print):

NAME OF APPLICANT (Print)	POSITION APPLIED FOR
DATE OF BIRTH	AGE*
SEX	RACE/ETHNIC GROUP**

Applicants to and employees of most private employers, state and local governments, educational institutions, employment agencies and labor organizations are protected under the following Federal laws:

*Age - The Age Discrimination in Employment Act of 1967, as amended, protects applicants and employees 40 years of age or older from discrimination on the basis of age in hiring, promotion, discharge, compensation, terms, conditions or privileges of employment.

**Race, Color, Religion, Sex, National Origin - Title VII of the Civil Rights Act of 1964, as amended, prohibits discrimination in hiring, promotion, discharge, pay, fringe benefits, job training, classification, referral, and other aspects of employment, on the basis of race, color, religion, sex or national origin.