



City of Norwalk Parks and Recreation Dept.
Application for Part-Time Employment



We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, veteran status, or any other legally protected status.

(Please Print)

Position Applied For: _____

Date of Application: _____

Last Name: _____

First Name: _____

Middle Name: _____

Address: _____

Street _____

City & State _____

Zip Code _____

Telephone Number(s): _____

Best time to contact you: _____

(Circle One)

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Y / N

Have you ever filled out an application with us before?

Y / N

If yes, give date: _____

Do any of your friends or relatives, other than spouse, work for the City of Norwalk?

Y / N

If yes, state name, relationship, department _____

Are you currently employed?

Y / N

May we contact your present employer?

Y / N

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Proof of citizenship or immigration status will be required upon employment.

Y / N

All applicants for employment with the City of Norwalk are hereby NOTIFIED that they may be disqualified from certain positions within the City by reason of criminal histories.

If you have questions or concerns about such disqualification, please consult the position description for that particular position or the Clerk of the Norwalk Civil Service Commission.

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EDUCATION

School	Name & Address of School	Course of Study	Years Completed	Diploma/Degree
High School				
Undergraduate College				
Graduate/Professional				
Other (Specify)				

WORK EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer	Address	Dates Employed		Work Performed
		From	To	
Telephone Number				
Job Title		Hourly Pay/Salary		
Supervisor		Starting	Final	
Reason for Leaving				

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Reason for Leaving				

Comments: Include explanation of any gaps in employment.

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Describe any extra-curricular programs and community or civic organizations you are involved in.

List any specialized skills, training, equipment operated, or certifications held.

AVAILABILITY

How many hours a week are you hoping to work? _____

General hours of availability. Check all that apply.

- Weekday Mornings
- Weekday Afternoons
- Weekday Evenings
- Weekend Mornings
- Weekend Afternoons
- Weekend Evenings

**Are you looking to work year-round or seasonal? _____

PERSONAL/PROFESSIONAL REFERENCES *Do not include family members.*

Name	Phone Number	Best time to Call	Occupation
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Please complete Applicant's Statement on the back of this page.

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APPLICANT'S STATEMENT

I certify that answers given herein are true and complete. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I authorize the City of Norwalk to inquire into and obtain records concerning my past and current employment, personal references, education, credit, criminal or civil actions and any leads developed regarding suitability for employment. This release is executed with the full knowledge and understanding that this information is for the use by the City of Norwalk as part of an official background or criminal investigation and that any information obtained may be released to third parties as may be necessary in fulfilling employment or legal responsibilities. I hold this consent as exonerating from all liability, both criminal and civil, the City of Norwalk and anyone contact by the City of Norwalk to provide the above described records from any and all liability for damages of any kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization or any attempt to comply with it.

Date: _____

Signature: _____

(optional) SSN: _____

I certify that on _____, I witnessed the above signature.

Witness: _____