



CITY OF NORWALK
Parks and Recreation
1100 Chatham Ave
Norwalk, IA 50211
(515) 981-9206

Application for Seasonal Employment

Personal Information

Last Name: _____ First Name: _____ Middle Initial: _____

Social Security Number: _____ Date of Birth: _____

Street Address: _____

City, State, Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email address: _____

Position Applying For

Title: _____

How did you learn about this position? _____

Full-time _____ or Part-time _____ Date Available: _____

Education

High School (Name, City, State): _____

Current Grade: 7 8 9 10 11 12 or Graduation Date: _____

Other (Name, City, State): _____

Area of Study: _____

Dates Attended: _____

Name and Date of Degree or Certification: _____

For office use only:

Application Received: _____

Application Received by: _____

Application meets or exceeds minimum qualifications:

Yes _____ No _____

Position Offered: _____

Offered by: _____

Position Accepted: _____

Hourly Wage: _____

Employment Record

Have you ever been discharged or asked to resign from employment? _____

Have you ever been convicted of a crime other than a minor traffic violation? _____

Do you object to inquiry of your present employer in regard to your character, work record, qualifications, or abilities? _____

If you answered yes to any of the above questions, please give a brief explanation on a separate sheet. A yes answer does not automatically disqualify you from employment.

List below the positions you have held starting with your present or most recent employment:

Present or Last Employer: _____

Street Address: _____

City, State, Zip Code: _____

Date Employed: _____ Date Separated: _____ Last or present salary: _____

Immediate Supervisor: _____ Full Time? _____

Specific Duties: _____

Reasons for Leaving: _____

Employer: _____

Street Address: _____

City, State, Zip Code: _____

Date Employed: _____ Date Separated: _____ Last or present salary: _____

Immediate Supervisor: _____ Full Time? _____

Specific Duties: _____

Reasons for Leaving: _____

Employer: _____

Street Address: _____

City, State, Zip Code: _____

Date Employed: _____ Date Separated: _____ Last or present salary: _____

Immediate Supervisor: _____ Full Time? _____

Specific Duties: _____

Reasons for Leaving: _____

Signature: _____

Date: _____