

APPLICATION FOR EMPLOYMENT

Stanley Park District
PO BOX 901



Stanley, ND 58784 ** PLEASE email back to stanleyrecdirector@gmail.com OR mail to our address **

Position Title of Job Applying for: (CIRCLE ALL THAT APPLY) **GROUND**S (18 years) **LIFEGUARD** (16 years) **COACH** (14 years)

NAME (LAST)	(FIRST)	M.INITIAL	HOME PHONE
MAILING ADDRESS			
CITY	STATE	ZIP	CELL PHONE
Email	Are you legally entitled to work in the U.S?		
	YES <input type="checkbox"/> NO <input type="checkbox"/>		
DATE YOU CAN START WORK	ABAILABLE DAYS TO WORK:		
	SUNDAY <input type="checkbox"/>	MONDAY <input type="checkbox"/>	TUESDAY <input type="checkbox"/>
	WEDNESDAY <input type="checkbox"/>	THURSDAY <input type="checkbox"/>	FRIDAY <input type="checkbox"/>
	SATURDAY <input type="checkbox"/>		
Do you have a valid driver license?			
Yes <input type="checkbox"/> No <input type="checkbox"/>			
Describe the types of things you would like to do with the job your applying for? How much pay do you think is reasonable either per hour or salary?			
Any other information you would like us to know ? DATE YOU NEED OFF, HOW MANY HOURS YOU WISH TO WORK PER WEEK...ETC.			