



Seasonal Recreation Application for Employment

55 E. Moore Street
Walla Walla, WA 99362
www.wallawallawa.gov
recreation@wallawallawa.gov

The City of Walla Walla is an Equal Opportunity Employer and does not unlawfully discriminate on the basis of race, sex, age, color, sexual orientation, religion, national origin, marital status, genetic information, veteran's status, disability, or any other basis prohibited by federal, state or local law.

Position(s) Please Mark All Seasonal Position(s) You Are Applying For

Aquatics

- Lifeguard
- Swim Instructor
- Aquatic Cashier
- Aquatic Facility Attendant

Recreation

- Recreation Leader (UPlay)
- Recreation Instructor (Pottery Studio)
- Sports Official
- Facility Attendant (BMGSA, BMBL, Fall Youth Soccer, Indoor Soccer, Co-Ed Softball, Men's Softball)

Available Start Date:

Personal Information

Name _____

Address _____

City _____

State _____

Zip _____

Phone Number _____

Mobile Number _____

Email Address _____

Are you legally eligible to work in the U.S.?

Yes No

Are you over the age of 18?

Yes No If not, date of birth: _____

Do you possess a valid driver's license?

Yes No

Applicable Certifications

Food Handlers Permit Yes No

Other: _____

CPR/First Aid Certified Yes No

Other: _____

Lifeguard Certification Yes No

Other: _____

Education

School Type	School Name & Location	Years Attended	Degree Received	Major
High School / G.E.D.		Do not complete		Not applicable

Professional References (Please do not list relatives or personal references)

Name	Title / Relationship	Phone



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Employment History or Volunteer Experience Please complete the following sections fully, even if you are submitting a resume in addition to your application. If no employment history, please list any volunteer experience. *An incomplete application may disqualify you.*

Employer/Organization		Job Title	Dates Employed
Address		Reason for Leaving	
Number of Employees Supervised by You	Supervisor Name	Supervisor Phone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Duties

Employer/Organization		Job Title	Dates Employed
Address		Reason for Leaving	
Number of Employees Supervised by You	Supervisor Name	Supervisor Phone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Duties

Signature Disclaimer

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further considerations or, if employed, for dismissal at any time. I authorize my previous employers to furnish the City of Walla Walla my performance record, reason for leaving and all information they may have concerning me. I hereby release my previous employers and the City of Walla Walla from any and all liability for any damage whatsoever arising there from. I authorize investigation of all statements in this application.

Name (Please Print)	Signature	Date
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