



Temporary Seasonal/ Part-Time Employment Application

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Date Available: _____ Last Date Available: _____ Desired Salary: \$ _____

Work Availability:

Are there any days of the week you cannot work? _____
Any dates in the upcoming season you cannot work? _____

Position Interest

Please use the check box to indicate which position(s) you are interested in applying for.

Summer Employment:

(Please check any that apply):

Swimming Pool:

Lifeguard ☐ _____
Front Desk Attendant ☐ _____

Recreation Activities:

Tennis Coach ☐ _____
Softball Coach ☐ _____
Baseball/Tee-ball Coach ☐ _____
Playground Leader ☐ _____
Umpire/Official: ☐ _____
Bus Driver: ☐ _____

Parks Maintenance:

Parks/Landscape Worker ☐ _____
(18 & Older)
RRSRA Campground ☐ _____
Mower/Laborer (18 & Older) ☐ _____

Senior Citizens Center: ☐ PT Office Support

Fall/Winter Employment:

(Please check any that apply):

Ice Arena's:

Arena Operator/Zamboni Driver ☐ _____
Arena Worker/Sweeper ☐ _____
Preference to which arena? _____

Recreation Activities:

Hockey Coach ☐ _____
Hockey Referee ☐ _____
Synchronized Skating Coach ☐ _____
Learn to Skate Coach ☐ _____

Parks Maintenance:

Parks Maintenance Worker ☐ _____
Outdoor Rink Attendant ☐ _____

Some positions require the applicant be at least 18 years of age to operate equipment.

Are you Age 18 or Older: YES ☐ If No, are you age 14 or older? YES ☐ NO ☐

Have you previously worked for the City of EGF? YES ☐ NO ☐ If yes, when? _____

Have you ever been convicted of a felony? YES ☐ NO ☐
If yes, explain: _____

Education

High School: _____ Address: _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Diploma: _____
College: _____ Address: _____
From: _____ To: _____ Did you graduate? YES ☐ NO ☐ Degree: _____

References

Please list three professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Experience & Skills

Please list any previous experience, certifications, and/or classes you have taken which may help you succeed in the position you are seeking:

Experience: _____
Certifications: _____
Classes: _____

If you have a certification relevant to the position you seek, is it currently active? YES ☐ NO ☐

Your employment may involve use of a public vehicle.

Do you have a valid driver's license for use in the State of MN? YES ☐ NO ☐

Disability Accommodation Statement

The City of East Grand Forks is an Equal Employment Opportunity/Affirmative Action employer and is committed to providing reasonable accommodations to individuals with disabilities in the employment application process. If you would require any reasonable accommodations be made to perform the essential functions of the applied position, you are invited to voluntarily share information concerning any physical or mental disability, and to provide suggestions as to what the reasonable accommodations could be made:

Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Signature: _____ Date: _____