

APPLICATION FOR SUMMER EMPLOYMENT

CITY OF TIFFIN'S PARKS AND RECREATION DEPARTMENT

The City of Tiffin Parks and Recreation Department offers unique opportunities for summer employment. You will learn teamwork, dedication and responsibility in a positive and enthusiastic environment. The City of Tiffin is proud of its park facilities. If you want to be a part of the Parks & Recreation team, please complete this application and return to:

Bryce Kuhn, Director
City of Tiffin Parks & Recreation Department
621 E. Market St.
Tiffin, OH 44883
419-448-5408
bkuhn@tiffinohio.gov

NAME: _____

ADDRESS: _____

PHONE: _____ EMAIL: _____

School or University you will attend in the fall:

_____ Grade Level _____

Person to contact in Case of Emergency:

Name _____ Home Phone: _____

Check Position (s) Applying For:

- Life Guard** **Location:** Hedges-Boyer Park Swimming Pool
Requirements/Duties: Certified in Lifesaving, CPR, First Aid, Oxygen and oversee the use of the outdoor pool.
- Life Guard Supervisor** **Location:** Hedges-Boyer Park Swimming Pool
Requirements/Duties: Certified in Lifesaving CPR, First Aid, Oxygen and oversee the use of the outdoor pool and supervise other life guards.
- Park Maintenance/Ball Fields** **Location:** All Parks
Requirements/Duties: Must be at least 18 Years of age, line fields, drag fields, pickup litter, drive tractors, weed & mow, and lift over 50 lbs.
- Day Camp Counselor** **Location:** All Parks
Requirements/Duties: Must be at least 18 Years of age. Lead and assist in Park & Recreation programs, special events, and camps. Must supervise and work well with children.

Please fill out back of this form

WHAT IS THE FIRST DAY YOU CAN BEGIN TO WORK: _____

WHAT IS THE LAST DAY YOU WILL BE WORKING: _____

Are there any other activities that will affect your work schedule?

If so, please explain: _____

Have you been convicted of a crime in the last seven years? _____

Do you have a valid State of Ohio drivers license? _____

Previous Work Experience

Employer: _____

Duties: _____

Date Employed: _____

Reference Name: _____ Phone: _____

Employer: _____

Duties: _____

Date Employed: _____

Reference Name: _____ Phone: _____

Do you have any allergies? If so please explain _____

Is there any other information that you would like us to know? _____

Signature of Applicant: _____ Date: _____