



City of El Centro Community Services Department
 Parks and Recreation Division
 375 S. First Street – El Centro, CA 92243



APPLICATION FOR EMPLOYMENT

Summer 2023- Recreation Division

CHECK ALL POSITION(S) YOU ARE INTERESTED APPLYING FOR:

*Note: Department will consider your interest, however the City may assign staff as needed.

<input type="checkbox"/> Lifeguard (Certification Required)	<input type="checkbox"/> Basketball Recreation Leader	<input type="checkbox"/> Summer Camp Leader
<input type="checkbox"/> Water Safety Instructor (Certification Required)	<input type="checkbox"/> Volleyball Recreation Leader (Seasonal)	<input type="checkbox"/> Cheer Camp (Seasonal)
<input type="checkbox"/> Officiating Sports	<input type="checkbox"/> Tennis Recreation Leader	<input type="checkbox"/> Recreation Leader
<input type="checkbox"/> Music Instructor	<input type="checkbox"/> Soccer Leader (Seasonal)	

Date of Application: _____

Name: _____

Email Address: _____

Phone Number: _____ **Cell Phone Number:** _____

Summer Address: _____

City: _____ **State:** _____ **Zip:** _____

Current Address (if different from above): _____

City: _____ **State:** _____ **Zip:** _____

Will you be sixteen (16) years of age or older by June 1, 2023? YES ___ NO ___
Do you have a valid California Driver's License with a clean driving record? YES ___ NO ___
Will you have transportation available during the summer? YES ___ NO ___
Do you have experience working with people with disabilities YES ___ NO ___

LIST A PERSON TO CALL IN CASE OF INJURY OR ILLNESS:

Name: _____ **Phone:** _____ **Relationship:** _____

Name: _____ **Phone:** _____ **Relationship:** _____

Do you have any relatives working for the City of El Centro? _____

If yes, name: _____ **Department:** _____

YEARS OF EDUCATION COMPLETED BY SUMMER 2022 (Please circle one):

High School: ___9___10___11___12 College: ___1yr___2yrs___3yrs___4yrs ___Graduate Level

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A GED? YES NO

High School Attended: _____ **Location:** _____

College Attended: _____ **Major/Degree:** _____

WORK EXPERIENCE (INCLUDE ANY EMPLOYMENT WITH THE CITY OF EL CENTRO)

EMPLOYER:	ADDRESS:	PHONE:
LENGTH OF EMPLOYMENT: FROM: TO:	DUTIES:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please list a contact name and email address:</i>	LEADERSHIP POSITIONS HELD: SPECIAL TRAINING/ KNOWLEDGE GAINED:	

EMPLOYER:	ADDRESS:	PHONE:
LENGTH OF EMPLOYMENT: FROM: TO:	DUTIES:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please list a contact name and email address:</i>	LEADERSHIP POSITIONS HELD: SPECIAL TRAINING/ KNOWLEDGE GAINED:	

EMPLOYER:	ADDRESS:	PHONE:
LENGTH OF EMPLOYMENT: FROM: TO:	DUTIES:	
MAY WE CONTACT THIS EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO <i>If yes, please list a contact name and email address:</i>	LEADERSHIP POSITIONS HELD: SPECIAL TRAINING/ KNOWLEDGE GAINED:	

VOLUNTEER EXPERIENCE

COMPANY/ORGANIZATION:	PHONE/ E-MAIL:
DATES: FROM: TO:	RESPONSIBILITIES:
COMPANY/ORGANIZATION:	PHONE/ E-MAIL:
DATES: FROM: TO:	RESPONSIBILITIES:
COMPANY/ORGANIZATION:	PHONE/ E-MAIL:
DATES: FROM: TO:	RESPONSIBILITIES:

OTHER EXPERIENCE

--

AVAILABILITY INFORMATION:

EARLIEST DATE TO START WORK: _____ LAST DATE AVAILABLE TO WORK: _____

WILL YOU NEED ANY TIME OFF THIS SUMMER? _____ IF YES, SPECIFY DATES: _____

DAYS and TIMES AVAILABLE for WORK (mark all that apply):

DAY:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning Hours							
Afternoon Hours							
Evening Hours							

Which AGE GROUP do you prefer to work with?

(Children) 3 years to 6 years (Youth) 7 years to 9 years (Youth) 10 years to 12 years (Teenager) 13 years to 14 years

SKILLS AND ABILITIES:

Of the following activities, I have had special training, worked with and/or could teach special interest groups as checked:

_____ Arts and crafts _____ Gym/ Playground Game Instruction _____ Special Events Planning
 _____ Outdoor Education _____ Leadership & Team Building _____ Environmental Education
 _____ Sound/ Music Technology _____ Curriculum/ Lesson Planning (Math, English, Writing)
 _____ Child Development _____ Child Behavior & Special Needs Other _____

Please check your knowledge and level of coaching abilities for the following athletics:

Sports	Could lead Instruction	Could Assist instruction	Other (Explain)
Soccer			
Basketball			
Dance			
Volleyball			
Aquatics			
Tennis			
Cheerleading			

CERTIFICATIONS: (Please check all that apply)

CPR Exp. Date: ___/___/___ **Water Safety Instruction** Exp. Date: ___/___/___
 First Aid Exp. Date: ___/___/___ **CPR/AED for the Professional Rescuer** Exp. Date: ___/___/___
 Lifeguard Training Exp. Date: ___/___/___ **Other:** _____ Exp. Date: ___/___/___

I understand that any deliberate misrepresentation on this application is sufficient cause for cancellation of this application before employment, or discharge after employment.

SIGNATURE: _____ **DATE:** _____

ATTACH THE FOLLOWING DOCUMENTS TO THIS APPLICATION:

<u>Recreation Leader</u>	<u>Water Safety Instructor</u>	<u>Lifeguard</u>
<ul style="list-style-type: none"> • Copy of California Identification Card OR California Driver's License • CPR certification • First Aid certification 	<ul style="list-style-type: none"> • Copy of California Identification Card OR California Driver's License • Lifeguard Training and First Aid • CPR/AED for the Professional Rescuer • Water Safety Instructor certification 	<ul style="list-style-type: none"> • Copy of California Identification Card OR California Driver's License • Lifeguard Training and First Aid • CPR/AED for the Professional Rescuer