



Chagrin Valley Recreation Center  
P. O. Box 84  
Chagrin Falls, Ohio 44022

Application for Employment  
Date received from applicant -

Position(s) applying for:

**Personal Information**

Name (last, first, middle)		Date
Address		email address
City	State	Zip Code
Home phone (    )	Other Phone (    )	
Age		
Referred by		

**Education**

High school	
Add ress	Dates attend ed
Degrees or diplomas	
College/University	
Add ress	Dates attend ed
Degrees or diplomas	

**Certification Information (for Lifeguards only)**

Type of certification (Lifeguarding, WSI, etc.)	Date certified	Date of Expiration
Site of Course		
Name of Instructor		
American Red Cross Chapter of Certification		

(continue on other side)

## Personal Data

Names of friends or relatives that are employed by the REC.

## Employment History

Begin with most recent employer. Attach additional sheet if needed.

1. Employer	Dates of employment	
Address		
City	State	Zip code
Phone ( )	Beginning salary	Ending salary
Title/duties		
Manager's name		
Why did you leave?		

2. Employer	Dates of employment	
Address		
City	State	Zip code
Phone ( )	Beginning salary	Ending salary
Title/duties		
Manager's name		
Why did you leave?		

## Reference

List two professional or personal references who are familiar with the quality of your work, have worked directly with you, and have known you at least two years.

Reference		
Work phone ( )	Home phone ( )	
Address		
City	State	Zip code
Relationship		

Applicant's signature ----- Date