

Syracuse-Wawasee Park Foundation

1013 N. Long Dr.

Syracuse, IN 46567

APPLICATION FOR EMPLOYMENT

The Syracuse-Wawasee Park Foundation is an equal opportunity employer and all applications are considered without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job-related medical condition or handicap, or any other legally protected status. However, all applicants must meet all physical and mental requirements required to perform the job of which they are applying.

Please print or type the information below:

Position Applied For: _____

Name: _____

Date of Application: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Telephone number: _____

Alternate Number: _____

Have you ever applied with the Syracuse-Wawasee Park Foundation before:

Yes: _____ No: _____

If yes, when: _____

Can you travel if the job requires: Yes: _____ No: _____

Are you willing to relocate if necessary: Yes: _____ No: _____

May we contact your current employer: Yes: _____ No: _____

Employment History

Employer: _____ **Dates:** _____

Address: _____

Supervisor: _____ Phone Number: _____

Position held: _____

Reason for Leaving: _____

Employer: _____ **Dates:** _____

Address: _____

Supervisor: _____ Phone Number: _____

Position held: _____

Reason for Leaving: _____

Employer: _____ **Dates:** _____

Address: _____

Supervisor: _____ Phone Number: _____

Position held: _____

Reason for Leaving: _____

Education

Elementary School: _____

High School: _____

Diploma: _____ GED: _____

College: _____

Associates Degree: _____ Bachelors Degree: _____

Specialized training or skills: _____

References (List 3 references, 2 professional and 1 Personal)

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

3. Name: _____ Phone Number: _____

Certification

I _____ certify that all answers given on this application are true and complete to the best of my knowledge. In the event of employment, I understand that any false or misleading information given on my application or during an interview may result in termination. I also understand that I am required to abide by all rules and regulations of the Syracuse-Wawasee Park Foundation. I also understand that there may be rules and regulations specific to the individual departments of the town and that I must abide by and meet those requirements.

Signature _____

Release of Information

I _____ do authorize the release of any and all records concerning my employment, school, drivers license and criminal background check to the Syracuse-Wawasee Park Foundation.

Signature _____

Witness _____