



# Seasonal Recreation Application for Employment

55 E. Moore Street  
Walla Walla, WA 99362  
[www.wallawallawa.gov](http://www.wallawallawa.gov)  
[recreation@wallawallawa.gov](mailto:recreation@wallawallawa.gov)

THE CITY OF WALLA WALLA COMPLIES WITH TITLE VI, ADA, AND OTHER APPLICABLE FEDERAL CIVIL RIGHTS LAWS AND DOES NOT DISCRIMINATE ON THE BASIS OF RACE, COLOR, NATIONAL ORIGIN, AGE, DISABILITY, RELIGION, VETERAN STATUS, SEXUAL ORIENTATION, GENDER IDENTITY, OR SEX IN EMPLOYMENT OR THE PROVISION OF SERVICES. EQUAL OPPORTUNITY EMPLOYER. MINORITIES AND WOMEN ARE ENCOURAGED TO APPLY.

## Position(s) Please Mark All Seasonal Position(s) You Are Applying For

### Aquatics

- Lifeguard
- Swim Instructor
- Aquatic Cashier
- Aquatic Custodian
- Aquatic Maintenance

### Recreation

- Recreation Leader (Uplay, Pee Wee)
- Recreation Instructor (Pottery Studio)
- Sports Official
- Facility Attendant (BMGSA, BMBL, Fall Youth Soccer, Indoor Soccer, Co-Ed Softball, Men's Softball)

Available Start Date:

\_\_\_\_\_

## Personal Information

Name \_\_\_\_\_

Address _____	City _____	State _____	Zip _____
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Phone Number _____	Mobile Number _____	Email Address _____
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Are you legally eligible to work in the U.S.? Yes  No       Are you over the age of 18? Yes  No  If not, date of birth: \_\_\_\_\_      Do you possess a valid driver's license? Yes  No

## Applicable Certifications

Food Handlers Permit Yes  No  Other: \_\_\_\_\_

CPR/First Aid Certified Yes  No  Other: \_\_\_\_\_

Lifeguard Certification Yes  No  Other: \_\_\_\_\_

## Education

School Type	School Name & Location	Years Attended	Degree Received	Major
High School / G.E.D.		Do not complete		Not applicable

## Professional References (Please do not list relatives or personal references)

Name	Title / Relationship	Phone



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**Employment History or Volunteer Experience** Please complete the following sections fully, even if you are submitting a resume in addition to your application. If no employment history, please list any volunteer experience. *An incomplete application may disqualify you.*

Employer/Organization		Job Title	Dates Employed
Address		Reason for Leaving	
Number of Employees Supervised by You	Supervisor Name	Supervisor Phone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Duties

Employer/Organization		Job Title	Dates Employed
Address		Reason for Leaving	
Number of Employees Supervised by You	Supervisor Name	Supervisor Phone	May We Contact? <input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Duties

**Signature Disclaimer**

To the best of my knowledge, the information herein is true and complete. I understand that falsification of this application will be grounds for elimination from further considerations or, if employed, for dismissal at any time. I authorize my previous employers to furnish the City of Walla Walla my performance record, reason for leaving and all information they may have concerning me. I hereby release my previous employers and the City of Walla Walla from any and all liability for any damage whatsoever arising there from. I authorize investigation of all statements in this application.

Name (Please Print)	Signature	Date
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