

PART-TIME EMPLOYMENT APPLICATION

Return to: Newton County Recreation Commission
6185 Turner Lake Road, Covington, GA 30014
(770) 786-4373 Fax: (770) 787-7145
Web Site Address: www.newtonrecreation.com

The Newton County Recreation Commission is an Equal Opportunity Employer and considers applicants for all positions without regard to race, color, religion, sex, national origin, marital or veteran status, the presence of a non-job related medical condition or handicap or any other legally protected status.

PLEASE PRINT IN INK OR TYPE

A separate Application is Required for Each Position

Date of Application: _____

Last Name	First Name	Middle Initial
Street Address	Apt. # or P.O. Box	
City State	Zip Code	
Telephone Number	Social Security Number	
Day: _____	Evening: _____	

Position Applied For:

Maintenance & Field _____
Referee _____
Umpire _____
Other _____

Office/Frontdesk _____
Facility Supervisor _____
Scorekeeper _____

Have you ever been employed with us before? _____

If yes, when and what position? _____

What dates are you available for work? _____

Are you currently enrolled in school? _____

If yes, What School? _____

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special skills and qualifications acquired by previous experience.

REFERENCES

Please give the name, address and telephone number of three (3) references who are not related to you.

1. _____
Name Address Phone # Relationship to You

2. _____
Name Address Phone # Relationship to You

3. _____
Name Address Phone # Relationship to You

APPLICANTS STATEMENT

If the event of employment, I understand that false or misleading information given in my application or interviews may result in discharge. I also give my permission for a background check if requested by the Newton County Recreation Commission. I understand also that I am required to abide by all rules and regulations of the Newton County Recreation Commission, Covington, Georgia.

Signature of Applicant

Date

For Recreation Department Use Only

Date of Hire: _____ Job Title: _____

Employee No. _____ Hourly Rate: _____

Direct Supervisor's Signature: _____



Newton Recreation # 7058

Consent/Release Form

Name of Organization

Applicant's Legal Name (printed)

Social Security Number _____ Date of Birth _____

Applicants Address

City _____ State _____ Zip _____

I, _____, authorize and give consent for the above named organization to obtain information regarding myself. This includes the following:

- Local & National Criminal background records/information
- All 50 Sex Offender Registry Checks
- Address Trace
- Information Verification

I the undersigned, authorize this information to be obtained either in writing or via telephone in connection with my volunteer application. Any person, firm or organization providing information or records in accordance with this authorization is released from any and all claims of liability for compliance. Such information will be held in confidence in accordance with the organization's guidelines.

Print Names:

Date: _____

Signature:
