



RESTON COMMUNITY CENTER



APPLICATION FOR PART-TIME, SEASONAL, OR TEMPORARY EMPLOYMENT

Name _____
Last First MI

Address _____
Street City Zip

Telephone _____
Home Work

Job Preference: Seasonal Temporary Part-time

Availability: Date available to work: _____ Total Hours available per week _____

Please indicate the hours you are available to work each day of the week

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

Have you ever worked in Fairfax County : Yes No If yes, what department?: _____

Are you legally eligible to be employed in the U.S.?: Yes No

Do you have transportation to work?: Yes No

CRIMINAL RECORD

Have you ever been convicted of any offense against the law? (*Omit juvenile offenses and minor traffic violations*) Yes No

If yes, give date, place, court, and fine or sentence: _____

QUALIFICATIONS AND SKILLS

Do you have a driver's license? Yes No

Commercial driver's license? Yes No

Are you able to perform the essential duties of the job for which you are applying with or without reasonable accomodation? Yes No

Current CPR certification? Yes No Expiration date: _____

First Aid Certification? Yes No Expiration date: _____

Are you fluent in Sign Language? Yes No

Type of Sign Language: _____

Are you fluent in a Second Language? Yes No

Language: _____

Please list other certifications or special qualifications: _____

SCHOOL MOST RECENTLY ATTENDED

School: _____ **Location:** _____

Last grade completed: _____ **Year:** _____ **Graduated:** **Yes** **No** **GED**

Degree: _____ **Certifications:** _____

Please list the training or education (course title and credits) you have completed in areas related to group care of children and/or individuals with disabilities, such as recreation, special education, early childhood, therapeutic recreation, human development, or rehabilitation services. (Certain positions require a minimum number of hours of coursework or training).

COURSE TITLE/TRAINING TITLES	SEMESTER HOURS

RECENT JOB OR RELATED WORK

Job Title:	Job Title:	Job Title:
Company:	Company:	Company:
Location:	Location:	Location:
Supervisor:	Supervisor:	Supervisor:
Telephone:	Telephone:	Telephone:
Dates Worked:	Dates Worked:	Dates Worked:
Primary Duties:	Primary Duties:	Primary Duties:

Have you held a position where you supervised staff? **Yes** **No**

If yes, what were your duties and how many staff did you supervise?: _____

List two references who have knowledge of your work skills and abilities

Name	Business/Company/School	Phone Number

SIGNATURE REQUIRED

I understand the following background information might be obtained/checked by Fairfax County Reston Community Center:

- **References**
- **Driving Record**
- **Police Record**

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or for dismissing me after I have begun work.

Signature _____ **Date** _____