

216 South 1st Street,
Selah, WA 98942
(509) 698-7300



**YOUTH SPORTS
EMPLOYMENT APPLICATION**
City of Selah, Parks & Recreation

The City of Selah is an equal opportunity employer. This application will not be used for limiting or excluding any applicant from consideration on a basis prohibited by local, state, or federal law. Should an applicant need reasonable accommodation in the application process, he or she should contact a City representative.

Please complete all of the sections below:

Applicant Information

Full Name: _____

Physical Address: _____

Email Address: _____

Telephone Number: _____

Previous Experience

Please list any previous experience you have playing sports, scorekeeping, coaching sports programs, or other experience working with children:

Previous Employment

Employer Name: _____

Job Title: _____

Supervisor Name: _____

Employer Address: _____

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Employer Telephone: _____

Dates Employed: _____

Reason for Leaving: _____

May we contact this employer? YES NO

Personal Information

Are you 18 years of age or older? YES NO

All minor employees will be required to fill out a parent/school authorization form.

Are you a U.S. citizen or approved to work in the United States? YES NO

If hired, you be required to fill out an I-9 form and provide proof of identity (i.e. driver’s license or school ID) and proof of authorization to work (i.e. social security card or birth certificate).

Employment Position

Most of the work required for our recreation programs is in the evening during the week (3-9pm) or on Saturdays. Please inform us about your available work schedule:

What days are you available to work? _____

What hours are you available to work? _____

What date can you start working? _____

References

Provide two non-family references who can vouch for your attitude, character, and work ethic.

<u>Reference</u>	<u>Relationship</u>	<u>Contact Information</u>

At-Will Employment

The relationship between you and the City of Selah is referred to as “employment at will.” This means that your employment can be terminated at any time for any reason, with or without cause, by you or the City of Selah. I hereby certify that this application contains no willful misrepresentation and that the information given is true and complete to the best of my knowledge. In the event of employment, I understand that I will be required to abide by all City policies, rules, and regulations. I understand that this application is not an employment agreement, and that the City of Selah reserves the right to make changes in conditions and benefits of employment.

Applicant Signature: _____ **Date:** _____