

EDUCATION

	INSTITUTION	LOCATION	YEARS	DIPLOMA/ DEGREE – YEAR RECEIVED
High School			1 2 3 4	
College or University			1 2 3 4	
Graduate/ Professional			1 2 3 4	
Technical Institute			1 2 3 4	
Internship, Other			1 2 3 4	

EMPLOYMENT, EXPERIENCES, ACHIEVEMENTS related to service position. Include certifications, licenses, special training, recognition, etc.

ACTIVITY	DATES	LOCATION	DESCRIPTION (IF NEEDED)

OTHER EMPLOYMENT List current or most recent employer first. Use additional paper if needed.

JOB TITLE	DATES	EMPLOYER/ COMPANY	LOCATION	
				Full-time _____ Part-time _____ Hrs/week _____
				Full-time _____ Part-time _____ Hrs/week _____
				Full-time _____ Part-time _____ Hrs/week _____
				Full-time _____ Part-time _____ Hrs/week _____
				Full-time _____ Part-time _____ Hrs/week _____

PROGRAM DESCRIPTION (to be completed for Instructor proposals only)

Briefly describe or outline the proposed activity content. (Include suggested length, ages and type of area needed).

REFERENCES – List persons other than relatives, who are willing to certify to your ability, experience, and qualifications for this position.

A. Name _____ Phone: (h) _____
Address _____ (w) _____

B. Name _____ Phone: (h) _____
Address _____ (w) _____

C. Name _____ Phone: (h) _____
Address _____ (w) _____

NOTIFICATION

Applicants will receive no communication from the Recreation and Parks Department until a vacancy exists for which the applicant is qualified. Applicants will be placed in an active file for one year following receipt of application.

APPLICANT CERTIFICATION STATEMENT

I certify that, to the best of my knowledge and belief, the information given truly represents my background and experience. I understand that if I have knowingly misrepresented or falsified any of the application information I may be disqualified for employment consideration or dismissed from employment with the Recreation and Parks Department.

I authorize my current and former employers to give any information regarding my employment, together with any information regarding me whether or not it is on their records. I hereby release them from any damage whatsoever for issuing such. I also permit the Town of Carrboro to conduct a Police and Court Records investigation of my background.

Signature

Date

Please mail to: Carrboro Recreation and Parks Department
100 North Greensboro Street
Carrboro, NC 27510