

2009 RECREATION PROGRAM

APPLICATION FOR EMPLOYMENT WITH THE
CITY OF VOLGA

PO Box 217
Volga, SD 57071
nicole@volgacity.com
605-627-9113

Name and Address: _____

Phone Number (home): _____ Cell Number: _____

Date of Birth (month/day/year): _____ Job Applying For: _____

EDUCATION AND TRAINING

Current Grade Level: _____ Most Recent Education: _____

Name and Address of School: _____

List Skills Pertinent to this job: _____

List Names and Numbers of Three Personal References:

Work History:

Name of Employer _____ Address _____

Duties: _____

Position Held: _____ Employment Period: _____

Immediate Supervisor: _____ Title: _____

Start Salary: _____ End Salary: _____

Do you have any disabilities that would prevent you from performing the job applied for?

If yes, what? _____

Do you have a Valid Drivers License: _____
