



# City of Mishawaka Application for Seasonal Employment

[ ] SUMMER    [ ] WINTER

ALL ENTRIES MUST BE CLEAR AND LEGIBLE

PERSONAL INFORMATION					
LAST NAME		FIRST NAME		M.I.	
STREET ADDRESS			CITY	STATE	ZIP
PHONE (xxx) xxx-xxxx	EMAIL			DATE OF BIRTH (mm/dd/yy)	
DO YOU HAVE A VALID INDIANA DRIVER'S LICENSE?		[ ] YES [ ] NO	IF YES, SELECT LICENSE TYPE	[ ] OPERATOR [ ] CHAUFFEUR	
HAVE YOU EVER WORKED FOR THE CITY OF MISHAWAKA?		[ ] YES [ ] NO	FROM DATE	TO DATE	DEPARTMENT
DO YOU HAVE RELATIVES WORKING FOR CITY OF MISHAWAKA?		[ ] YES [ ] NO	NAME		DEPARTMENT
					RELATIONSHIP
WHAT POSITION(S) WOULD YOU BE MOST QUALIFIED FOR?					
[ ] LIFEGUARD		[ ] GOLF COURSE MAINTENANCE		[ ] LANDSCAPING	
[ ] POOL CASHIER		[ ] GOLF COURSE STARTER / RANGER		[ ] PARK MAINTENANCE	
[ ] ICE RINK		[ ] GOLF COURSE SNACK BAR CASHIER (MUST BE 21)		[ ] CAMP DIRECTOR	
[ ] WILSON HILL		[ ] GOLF COURSE PRO SHOP CASHIER		[ ] CAMP COUNSELOR	
<b>NOTE: IF APPLYING FOR A LIFEGUARD POSITION, PLEASE INDICATE IF YOU HOLD ANY OF THE FOLLOWING CERTIFICATIONS -----&gt;</b>				<input type="checkbox"/> WSI <input type="checkbox"/> ADVANCED LIFESAVING <input type="checkbox"/> LIFEGUARD CERTIFICATE <input type="checkbox"/> CPR	
DO YOU SUFFER FROM ALLERGIES (SUCH AS BEE STINGS, POISON IVY, ETC.) THAT WOULD LIMIT YOUR ABILITY TO DO ANY OF THE ABOVE JOBS? IF YES, PLEASE EXPLAIN.				[ ] YES [ ] NO	FIRST DATE AVAILABLE FOR WORK
					LAST DATE AVAILABLE FOR WORK
REFERENCES (Must NOT be related to you or be a previous employer)					
NAME		ADDRESS (street, city, state, zip)		PHONE (xxx) xxx-xxxx	
NAME		ADDRESS (street, city, state, zip)		PHONE (xxx) xxx-xxxx	
NAME		ADDRESS (street, city, state, zip)		PHONE (xxx) xxx-xxxx	
EMERGENCY CONTACT INFORMATION					
NAME				PHONE (xxx) xxx-xxxx	
PHYSICIAN				PHONE (xxx) xxx-xxxx	
EDUCATION					
HIGH SCHOOL	NAME	ADDRESS / LOCATION		HIGHEST COMP. 9 10 11 12	[ ] DIPLOMA [ ] GED
COLLEGE / UNIVERSITY	NAME	ADDRESS / LOCATION		DATE FROM	DATE TO
	COURSE OF STUDY		NO. SEMESTERS COMPLETED OR GRADE LEVEL	DEGREE	
	COURSE OF STUDY		NO. SEMESTERS COMPLETED OR GRADE LEVEL	DEGREE	
BUSINESS, TECH, TRADE SCHOOL	NAME	ADDRESS / LOCATION		DATE FROM	DATE TO
	LIST OF COURSES COMPLETED INCLUDING DATES			HOURS IN CLASS	[ ] PER DAY [ ] PER WEEK

*(continued on reverse side)*

EMPLOYMENT EXPERIENCE <i>(List most recent job first. Use additional sheet if necessary)</i>				
EMPLOYER NAME		ADDRESS <i>(street, city, state, zip)</i>		PHONE <i>(xxx) xxx-xxxx</i>
FROM DATE	TO DATE	POSITION	SUPERVISOR'S FULL NAME & TITLE	
STARTING WAGE	FINAL WAGE	WORK PERFORMED		
		REASON FOR LEAVING		
EMPLOYER NAME		ADDRESS <i>(street, city, state, zip)</i>		PHONE <i>(xxx) xxx-xxxx</i>
FROM DATE	TO DATE	POSITION	SUPERVISOR'S FULL NAME & TITLE	
STARTING WAGE	FINAL WAGE	WORK PERFORMED		
		REASON FOR LEAVING		
EMPLOYER NAME		ADDRESS <i>(street, city, state, zip)</i>		PHONE <i>(xxx) xxx-xxxx</i>
FROM DATE	TO DATE	POSITION	SUPERVISOR'S FULL NAME & TITLE	
STARTING WAGE	FINAL WAGE	WORK PERFORMED		
		REASON FOR LEAVING		

### CERTIFICATION

I certify that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith, and I authorize the City of Mishawaka to contact my previous employers for employment references. I further certify that I understand all statements and conditions on this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Resumes and applications may be submitted via email, fax, regular mail, or in person to:

Mail: Human Resources  
City of Mishawaka  
600 East Third Street  
Mishawaka, Indiana 46544

Fax: (574) 254-0197

Email: [humanresources@mishawaka.in.gov](mailto:humanresources@mishawaka.in.gov)

THE CITY OF MISHAWAKA IS AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER