



**References** (LIST BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR.)

NAME	ADDRESS	BUSINESS	YEARS KNOWN

**Authorization**

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if accepted into the program, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise and releases the company from all liability for any damage that may result from utilization of such information.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws.

\_\_\_\_\_  
DATE SIGNATURE

-----**Do Not Write Below This Line**-----

\_\_\_\_\_  
DATE INTERVIEWED BY

**Remarks**

NEATNESS			CHARACTER	
PERSONALITY			ABILITY	
HIRED	FOR DEPT.	POSITION	WILL REPORT	SALARY WAGES

APPROVED:

\_\_\_\_\_  
EMPLOYMENT MANAGER

\_\_\_\_\_  
DEPARTMENT HEAD

\_\_\_\_\_  
GENERAL MANAGER

## Supplemental Questions

1. Please describe the qualities and characteristics about yourself that would make you an effective Red Shirt Counselor/Counselor in Training for the Department of Parks and Recreation?
2. Please describe any experiences that will help you be effective in this position?
3. Why do you want to participate in the Red Shirt Counselor Program?
4. What three words would your peers use to describe you?