

## APPLICATION FOR SEASONAL EMPLOYMENT

Position(s) applying for:

**Crossroads Village:**

- Village Program-Operation Specialist
- Interpretive Specialist\*
- Asst. Village Programs Supervisor\*

**Huckleberry Railroad:**

- Locomotive Fireman
- Railroad Shop Worker
- Sawmill Operator
- Locomotive Engineer\*

**For-Mar Nature Preserve & Arboretum:**

- For-Mar Park Attendant
- For-Mar Educator\*
- For-Mar Park Office Aide
- Horticulturist

**Maintenance:**

- Maintenance Worker
- Maintenance Coordinator\*
- Heavy Equipment Operator\*

**Operations (Mounds ORV, Wolverine Campground, Boat Launches):**

- Operations Specialist
- Operations Coordinator\*
- Assistant Operations Manager\*
- Operations Manager\*
- Operations Supervisor\*

**Administration:**

- Administrative Assistant
- Marketing Assistant\*
- Accounting Assistant\*

**Park Ranger:**

- Park Ranger\*\*
- Marine Patrol Ranger

**Keep Genesee County Beautiful:**

- KGCB Program Coordinator\*

**For-Mar Day Camp:**

- Junior Day Camp Counselor
- Day Camp Counselor\*
- Day Camp Director\*

*\*Requires experience and/or certifications and/or college credits/courses – see job description*

*\*\*Requires MCOLES certification. Park Rangers are certified police officers.*

**MINIMUM QUALIFICATIONS FOR ALL POSITIONS:**

*Genesee County is an Equal Opportunity Employer*

- Have the ability to read and write
- Be willing to work weekends, holidays, and irregular hours
- Must be 16 years of age

**GENERAL INFORMATION**

Name: \_\_\_\_\_  
Last First Middle

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Do you have a **VALID** driver's license?  YES  NO

Have you been previously employed by Genesee County Parks?  YES  NO

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_



**EDUCATION**

High School: \_\_\_\_\_ Grade Level \_\_\_\_\_ Graduated? \_\_\_\_\_ GED? \_\_\_\_\_

College/University: \_\_\_\_\_ Graduated? \_\_\_\_\_ Major/Degree \_\_\_\_\_

Other Training/Education: \_\_\_\_\_ Completed? \_\_\_\_\_ Area: \_\_\_\_\_

**EMPLOYMENT HISTORY** (List present or most recent employer FIRST)**DATES****JOB DUTIES/EMPLOYER INFORMATION**

Date Started \_\_\_\_\_ Job Title \_\_\_\_\_

Date Left \_\_\_\_\_ Description of Duties \_\_\_\_\_

Supervisor's Name \_\_\_\_\_

Employer Name/Address \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**DATES****JOB DUTIES/EMPLOYER INFORMATION**

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Supervisor's Name \_\_\_\_\_

Employer Name/Address \_\_\_\_\_

Supervisor's Phone \_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**PLEASE CIRCLE ANY OF THE FOLLOWING YOU HAVE EXPERIENCE WITH OR KNOW HOW TO OPERATE:**

Acting	MCOLES Certification	Interpretation – 19 <sup>th</sup> Century Trades
Campgrounds	Pesticide Applicator License	Tractors/Heavy Equipment
Cash Register/Handling money	Pruning Equipment	Trucks
Commercial Driver License	Public Speaking	Teaching/Training
Computer	Greeting the public	Supervisory
Coordinating Events/Activities	Lawn mowing	Other: _____

**TO WHOM IT MAY CONCERN:**

I hereby authorize any representative of the Genesee County Parks and Recreation Commission, bearing this release, to obtain information from your files or other sources pertaining to my personal background; including, but not limited, to academic achievement, attendance, personal history, disciplinary action, credit or any other records you may have. I hereby direct you to release such information upon the request of the bearer. This release is executed with the full knowledge and understanding that the information is for the official use of the Genesee County Parks and Recreation.

This information is to be used to assist the Genesee County Parks and Recreation Commission in determining my qualifications and fitness for a position I am seeking with them. I hereby release you, the institution or establishment, which you represent, including its officers, employees, and related liability for damages of whatever kind, which may at any time result because of compliance with this authorization and request to release information, or any attempt to comply with it. Should there be any question as to the validity of this release, you may contact me as indicated.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_