

RESTON COMMUNITY CENTER

Application for Part-Time, Seasonal or Temporary Employment

Name	First																			Last																		MI																																				
Home Address																																																																										
City																																					State																			Zip																		
Phone	Home																																					Cell																																				
E-Mail Address																																																																										

Position/Scheduled hours you seek: Customer Service Aquatics Facility Services Theatre Technician
 Camp Counselor Arts & Culture Offsite & Collaboration Leisure & Learning Other _____

Date available to work: _____

PLEASE INDICATE THE HOURS YOU ARE AVAILABLE TO WORK EACH DAY OF THE WEEK.							
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From/To:							

Have you ever worked for Fairfax County? Yes No If yes, what department? _____

Are you legally eligible to be employed in the U.S.? Yes No (Verification will be required upon hire.)

QUALIFICATIONS AND SKILLS
Do you have a driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a current CPR certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date? _____
Do you have a current First Aid certification? <input type="checkbox"/> Yes <input type="checkbox"/> No Expiration Date? _____
What languages can you read/write/speak fluently? _____
Please list other certifications, special qualifications, or skills: _____

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SCHOOL MOST RECENTLY ATTENDED

College: _____ Location: _____

High School: _____ Location: _____

Last grade completed: _____ Graduated: Yes No GED

Degree: _____ Certifications: _____

Please list any training or education that relates to the position for which you're applying: _____

RECENT JOB OR RELATED WORK		
Job Title:	Job Title:	Job Title:
Company:	Company:	Company:
Location:	Location:	Location:
Supervisor:	Supervisor:	Supervisor:
Telephone:	Telephone:	Telephone:
Dates Worked:	Dates Worked:	Dates Worked:
Primary Duties:	Primary Duties:	Primary Duties:

Have you ever held a position where you supervised staff? Yes No If yes, what were your duties and how many staff did you supervise? _____

LIST TWO REFERENCES WHO HAVE KNOWLEDGE OF YOUR WORK SKILLS AND ABILITIES

Name	Business/Company/School	Phone	Email

SIGNATURE REQUIRED: I understand that employment by RCC is contingent upon the completion of a Criminal Background Check and that those results could lead to my dismissal even after I may have been hired.

I certify that all of the statements made in this application are true and complete to the best of my knowledge. I understand that a false or incomplete answer may be grounds for not employing me or for dismissing me after I have begun work.

SIGNATURE: _____ **DATE:** _____



Reston Community Center Hunters Woods
2310 Colts Neck Road • Reston, VA 20191

Reston Community Center Lake Anne
1609-A Washington Plaza • Reston, VA 20190

703-476-4500 • 711 (TTY) • 703-476-8617 (FAX)

