

ATTICA PARK BOARD-PARK PROGRAM APPLICATION

NAME _____
FIRST MIDDLE LAST

ADDRESS _____
STREET
CITY STATE ZIP

PHONE _____ DATE OF BIRTH _____

SOCIAL SECURITY _____

JOB APPLYING FOR _____

WHY ARE YOU APPLYING FOR THE POSITION?

WORK EXPERIENCE _____

REFERENCES (THREE) _____

SIGNATURE _____ DATE _____

Must be a graduating senior or older