### This is the Whitney Benefits Application for Seasonal Park Staff.

This position is located at Whitney Commons Park at 320 West Alger Street in Sheridan Wyoming.

Applicants must be 18 years of age or older.

The position is seasonal, with employment available from May through September 2025.

An average of 20-30 hours per week is available.

Shifts include evenings (until 10 PM) and may also include weekends.

### Work includes:

- Open and close the Whitney Commons Park facility.
- Provide friendly customer service to all Whitney Commons users.
- Proactive in keeping up with current happenings at the Park.
- Perform cleaning and ground work at Whitney Commons Park and Whitney Plaza.

### Qualifications include:

- Valid driver's license.
- Ability to lift at least 20 pounds.
- Criminal justice fingerprint/background clearance.
- CPR certification (may be obtained upon employment).
- Basic First Aid certification (may be obtained upon employment).

Please complete attached application and hand deliver to: 145 N Connor, Suite #1, Sheridan WY 82801.

Or email to <a href="mailto:director@whitneybenefits.org">director@whitneybenefits.org</a>

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### WHITNEY BENEFITS

An educational foundation established by the late Edward A. Whitney of Sheridan, Wyoming Executive Director: Erin Kilbride

P.O. Box 5085 (mailing) 145 N Connor St, Ste #1 (hand delivery) Sheridan, WY 82801 Phone: 307-674-7303 Fax: 307-674-4335

Email: director@whitneybenefits.org

### **EMPLOYMENT APPLICATION**

GENERAL INFORMATION			IENT ALL EIGA		Da	te			
Position Desired: <u>SEASON</u>	VAL PARK	<u>MAINTEI</u>	NANCE STAFF						
Name:(Last)			(First)			(Middle)			
<u> </u>		(1 1131)			(Middle)				
Address:(Street)			(City)	(State	(Zip)				
Phone #:									
Email Address:									
EDUCATION & TRAINING									
Highest grade completed:			College(years):						
Name & Location of College, and/or Vocational Schools Attended	Dates Attended		Course of Study	Grad	uate?	Degree or Certificate			
	From	То		Yes	No				
List any apprenticeships, internships, trade schools and/or military schools, comp  Dates Attended   Grade									
Name of School or Apprenticeship	From	To	Employee and Address	Yes	uate?	Type of Training			
	110			100	110				
EXPERIENCE & SKILLS List all equipment/machines				levant to t	he po	osition you are applying for			
and the years of experience you have had with each.  Equipment / Machine/Other Job Skills						ars of Experience			

Licenses or Certifications Held:							Expiration (if applicable)							
Availability: Job Specific/Elig														
When could you start wor	rk? [				•	provide proof that you are:								
What days would you be available to work?		M	Tu	W	Th F	Sa	Su		ears of Age or		Yes	No		
What hours would you be available to work?	)	Eligible to work in the					the U.S.?	Yes	No	)				
available to work?														
EMPLOYMENT DATA List all experience starting with present or most recent employer first.														
Most Recent or Prese	ent En	nploy	/er							1	Τ=			
Name of Employer			From								То			
Address Phone Number							Тг	nail Add	l#0.00					
Your Title								iali Add	iress					
Describe in detail your	dutios	s and	reen	oneih	vilitios:									
Describe in detail your	uuties	anu	resp	UHSIL	mues.									
Number and kind of em	əvolar	es v	ou su	pervi	sed if a	oilga	able:							
Your Supervisor	<u> </u>	, <u>,</u>				<u> </u>		ı	May We C	Contact	Yes	No	)	
Reason for Leaving											<u> </u>	I		_
Next Previous Employer	yer								From		To			
Name of Employer Address									From		То			
Phone Number		Email Address												
Your Title		Email Address												
Describe in detail your duties and responsibilities:														
Describe in detail your duties and responsibilities.														
Number and kind of em	nploye	es y	ou su	pervi	sed									
Your Supervisor						•			May We C	Contact	Yes	No	)	
Reason for Leaving									-				•	
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Next Previous Emplo	yer									1	T	-		
Name of Employer									From		То			
Address								A 1 1	T T					
Phone Number Email Address														
Your Title														
Describe in detail your duties and responsibilities:														
Number and kind of em	างไดเ	es v	วน รม	pervi	sed									
Your Supervisor				1		1			May We C	Contact	Yes	No	)	
Reason for Leaving											<u>,                                     </u>			

REFERENCES List those that know of your abilities. Please list at least two professional/work references.							
Name	Relationship	City/State	Phone	Email			

## AFFIDAVIT, CONSENT AND RELEASE PLEASE READ EACH STATEMENT CAREFULLY BEFORE SIGNING

I certify that all information provided in this employment application is true and complete. I understand that any false information or omission may disqualify me from further consideration for employment and may result in my dismissal if discovered at a later date. I authorize the investigation of any and all statements contained in this application.

If required, as a condition of employment, I understand this employer requires background checks, motor vehicle record checks and drug screening.

I have read, understand and by my signature consent to these statements.							
Signature		Date					