

EXTRACURRICULAR APPLICATION FORM

FROID/MEDICINE LAKE CO-OP

Name: _____ E-Mail: _____

Address: _____ Telephone Number: _____

Position Interested: _____

Education: _____

List all qualifications, training, and experience that you have in relation to the position for which you are applying. Attach additional sheets if needed.

Do you have the necessary certification to perform the duties of this activity? Yes No (If yes, list the specific type of certification)

Do you hold a current first aid card? Yes No (If no, do you agree to take a first aid class if offered?)
 Yes No

Do you have a commercial driver's license with a "Passenger" endorsement? Yes No
 (If yes, Interstate or Intrastate – please circle your answer.)

If you are not selected for the position that you applied for, would you be interested in a different position?
 Yes No

AFFIDAVIT: I certify that the statements in this employment application are true and complete to the best of my knowledge. I understand that if I am employed, falsified statements on this application shall be considered sufficient cause for dismissal.

 Signature of the Applicant

 Date