## SUMMIT METRO PARKS SEASONAL EMPLOYMENT APPLICATION

## YOU MUST COMPLETE ONE APPLICATION FOR EACH DESIRED POSITION

NAME			
ADDRESS	Cl	ΓΥ	
ZIP PHONE		EMAIL	
		How did you hear about it?	
,	o O Yes	If so, where/when?	
AVAILABILITY (Dates) Start		Hours	
Preferred Park: 1st_	2nd _	3rd	
		quivalent? O No O Yes Expiration	
REFERENCES:		Address	
		Address	
I understand that I will only be con immediate dismissal. My signature (to include THC and alcohol), and a result. I understand and agree th	nsidered for the position identific gives Summit Metro Parks perm I I agree to waive any and all clain nat any causes of action or claims statute of limitations period, witl	ed on this application. Providing false inforn ission to conduct a personal background cl ns against Summit Metro Parks, its officers, that I may have or bring against Summit M nin six (6) months of my knowledge of suc	nation is cause for neck and drug screening employees and agents as etro Parks shall be
Signature		Date	



## SEASONAL EMPLOYMENT OPPORTUNITIES

## RETURN TO:

employment@summitmetroparks.org

OR MAIL TO:

Human Resources Summit Metro Parks 975 Treaty Line Rd. Akron, OH 44313

