



Specialized Needs Recreation Employee Application

Name: _____ Birthday: _____

Residence Address: _____
(Street)

(City/State/Zip)

Years at Current Residence: _____ In Kootenai County: _____

Home Phone (____) _____ Driver's License # _____

Cell #: _____ Email: _____

Brief explanation on why you would like to be a Employee for SNR.

Area(s) of Expertise: _____

Education (Circle Highest Grade/Degree Completed)

Middle School

High School

AA

BA/BS

MA/MS

Ph.D.

Please list other certifications, awards, etc.: _____

Please list 3 references, with phone numbers. _____

Please list any other community organization involvement: _____

Have you ever been convicted of a crime? Yes No (If yes, please explain below)

Signature

Date

Please return to: Angie Goucher
PHONE (208) 755-6781

P.O. Box 2451 Coeur d'Alene Idaho 83816
FAX (208) 769-2284

A background check is required although SNR will be responsible for this cost.