



Parks&Recreation
CITY OF TAMPA

City of Tampa Parks and Recreation Department Recreation Contract Instructor Application

3402 W. Columbus Drive | Tampa, Florida 33607 | P: (813) 274-8774 | F: (813) 356-1000
pradmin@tampagov.net

Date: _____

Applicant Information

Last Name:		First Name:		M.I.:
Street Address:				
City:		State:	Zip Code:	
Email Address:				
Home Phone #:		Cell Phone #:		
Are there any medical conditions that we should be aware of or that may prohibit you from performing your duties as a Recreation Contract Instructor? Do you require any ADA accommodations to perform your duties as a Recreation Contract Instructor?				

Emergency Contact

Name:	Relationship:
Home Phone #:	Cell Phone #:

Class Information

Proposed Classes:		
Have you taught this class before? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please fill out information below.		
Business/Organization:	Dates:	
May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:	
Business/Organization:	Dates:	
May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:	
Business/Organization:	Dates:	
May we contact them as a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	Phone #:	

Education

High School			Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree		
College			Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree		
Other			Address		
From	To	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree		

References (please list three professional references)

Full Name		Relationship	
Company		Phone #:	
Address			
Full Name		Relationship	
Company		Phone #:	
Address			
Full Name		Relationship	
Company		Phone #:	
Address			

Related Employment

Employer Name		Supervisor	
Address		Phone #:	
From	To	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities			
Job Title		Reason for Leaving	
Employer Name		Supervisor	
Address		Phone #	
From	To	May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Responsibilities			
Job Title		Reason for Leaving	

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List below all offenses against the law (to include traffic offenses) where you were found guilty, where charges are pending adjudication, where you pled guilty or nolo contendere, where adjudication was withheld, or where you were placed on probation or a supervised program. You do not have to list charges that were dropped or of which you were found innocent. Criminal convictions are not an automatic bar to provide contract services and will only be considered in relation to the services for which you are applying. However, omissions or deceptive statements may disqualify you from providing services for the City of Tampa Parks and Recreation Department.

Date	Charge	City/County/State	Disposition

YOU MUST PASS A BACKGROUND INVESTIGATION TO BE ACCEPTED AS A RECREATION CONTRACT INSTRUCTOR.

Recreation Contract Instructors are contracted with the Tampa Parks and Recreation Department to provide instruction for specialty recreation activities, and are therefore not employees of the City of Tampa. Recreation Contract Instructors shall be dismissed at any time if the department finds their instruction to be inadequate or their behavior, attitude, or appearance to be unacceptable. Please attach any additional information about yourself that would further explain your desire to be a Recreation Contract Instructor.

I certify that, to the best of my knowledge and belief, all statements made herein or attached hereto are true, complete, and accurate. I understand and agree that any incorrect statements or omissions of material facts herein may cause forfeiture on my part of all rights to contracting with the Tampa Parks and Recreation Department. I authorize the City of Tampa to investigate any of the information provided by me. I also authorize the previous employers, persons, and references named or any other person named to give any and all information regarding employment, scholastic records, together with all other job related information that may or may not be on record. I release all individuals who provide information to the City from all liability regarding the use of such information.

Applicant Signature

Date

Applications are the property of the City of Tampa and are subject to the Public Records Law.

Office Use Only		Received Date: _____
Application Approved:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Background Passed:	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
Course Request Form Attached:	<input type="checkbox"/> Yes <input type="checkbox"/> No	