

CANDIDATE NAME _____

CPRP INITIAL APPLICATION - WORK EXPERIENCE

For each position you list, you must have a supervisor or human resources/personnel official complete and sign this page of the application. This page may be reproduced as needed.

Full-time experience/employment shall be defined by the following characteristics:

1. Working 32 to 40 hours per week in a recreation, parks resources, and leisure services position; or
2. Working in the field as a primary source of income; and
3. Working one year part time (20 hours or more) = 6 months full time. Seasonal, temporary, or consulting not accepted.
4. Work experience is counted only after receipt of the degree or diploma.
5. Experience must be accumulated in the three content categories determined by the CPRP Job Analysis- General Administration, Programming, and Operations Management. At least one subject in each content category must be checked.

Agency: _____ Job Title: _____

Agency Address/City/State: _____

Name & Title of Supervisor: _____

Phone: _____ Dates of Employment (M/Y): _____ to _____

Responsibilities in General Administration:

Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No	Budget/Finance	<input type="checkbox"/> Yes <input type="checkbox"/> No
Supervision	<input type="checkbox"/> Yes <input type="checkbox"/> No	Policy Formulation/Interpretation	<input type="checkbox"/> Yes <input type="checkbox"/> No
Customer Service/Marketing	<input type="checkbox"/> Yes <input type="checkbox"/> No		

Responsibilities in Programming:

Assessment	<input type="checkbox"/> Yes <input type="checkbox"/> No	Planning	<input type="checkbox"/> Yes <input type="checkbox"/> No
Implementation	<input type="checkbox"/> Yes <input type="checkbox"/> No	Evaluative	<input type="checkbox"/> Yes <input type="checkbox"/> No

Responsibilities in Operations Mgmt.:

Planning/Management	<input type="checkbox"/> Yes <input type="checkbox"/> No	Maintenance Management	<input type="checkbox"/> Yes <input type="checkbox"/> No
Facility Operations	<input type="checkbox"/> Yes <input type="checkbox"/> No		

By signing, I certify that all the information given in this application is true and correct to the best of my knowledge. I further understand that false representation relative to any information will provide the basis for withdrawal of certification.

Signature of Supervisor completing this form: _____

Title: _____

Date: _____