

108 W. Main Street, Little Chute, WI 54140

## PARKS, RECREATION & FORESTRY DEPARTMENT 2017 SEASONAL PART-TIME APPLICATION

	If you have any questions, pleas	e feel free to call the	Parks, Recreation &	Forestry Depai	tment at 42	23-3869.				
	Last	First	Middle	Cell	Cell Phone Number					
	Name:  House# Street	City	Zip Cod	/a Hom	e Phone N	lumbar				
	riouse# Street	e   nom	e Phone N	umber						
PERSONAL DATA	Address:									
	Do you possess a valid Wisconsin drive	er's license? No	Yes Licens	e#:						
	If you are less than 18 years of age, please indicate date of birth:									
	If you are less than 18 years of age, car	n you provide required p	proof of your eligibility	to work?	No	Yes				
	Have you ever been convicted of a felony or do you currently have a felony charge pending?  No Yes If yes, please attach a separate sheet giving full information.									
	If you are currently attending high school, ple	ease list name and location	of school.							
EDUCATION	Name of High School: Location:									
	Did you graduate from high school or do you possess a GED? No Yes									
UCA	If you are currently attending college/university/techschool, please list name and location of school.									
ED										
	Name of College/University/TechSchool: Location:  If you are currently attending college/university/techschool, please list field of study.									
	you are currently attending conlegerative sity/techsoriout, please list field of study.									
	Field of Study at College/University/	TechSchool:								
SEASONAL PART-TIME JOBS	* applicant must be at least 15 years old by May  ** prefer applicant to be 16 years old by summer  *** prefer applicant to be 18 years old by summer  *** prefer applicant to be 18 years old by summer									
	Parks/Forestry Laborer ***  Recreation Instructor (tot lot & sports) **									
	Softball Scorer Pool Cashier (admission & concessions) *									
	Lifeguard with WSI		Lifeguard							
	Lifeguard/First Aid Certification Expiration	Date:	Lifeguard/First Aid Certi	fication Expiration Dat	e:					
	CPR Certification Expiration Date: WSI Certification Expiration Date:		CPR Certification Expira							

WORK EXPERIENCE	Name of Employer			From N	To Month/Year				
	Employer's Address			Employer's P	hone Number	Immediate Supervisor			
	Job Title	Duties Perform	Duties Performed						
	Reason For Leaving			Ending Wage/Salary					
	Name of Employer			From N	From Month/Year To Month/				
	Employer's Address			Employer's P	hone Number	Immediate Supervisor			
	Job Title Duties Performed								
	Reason For Leaving			Ending Wage/Salary					
	Please list any experience, skills, or qualifications that we should consider as part of your application for employment:								
ATION									
OTHER INFORMATION									
DTHER									
not include relatives)	Name Position/Title/Profession			Telephone Number					
	Address				How many years have they known you?				
	Name Position/Title/Profession			l	Telephone Number				
SES (do	Address			***************************************	How many years have they known you?				
REFERENCES (do not incl	Name Position/Title/Profession Address				Telephone Number				
	Address				How many years have they known you?				
AUTHORIZATION AND WAIVER	I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that the Village of Little Chute shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application.								
	I hereby understand and acknowledge that the positions listed on this application are not represented positions, which means that any employment relationship with the Village is of an "at will" nature, and that the employee may resign at any time or the employer may discharge the employee at any time with or without cause.								
AUTH	Applicant Signature: Date:								