Mt. Horeb Recreation Department

222 East Front Street
Mt. Horeb, WI 53572

Seasonal Employment Application

Employment for (circle one or more): Spring Summer Fall Winter

POSITION FOR WHICH YOU ARE APPLYING_____

NAME_____

ADDRESS_____

CITY_____ STATE_____ ZIP_____

HOME PHONE_____WORK/SCHOOL PHONE_____

CELL PHONE_____ EMAIL_____

ARE YOU AT LEAST 16 YEARS OF AGE? YES_____ NO_____
ARE YOU PRESENTLY A FULL TIME STUDENT? YES_____ NO_____

IF YES CIRCLE ONE: HIGH SCHOOL COLLEGE VOCATIONAL SCHOOL

EDUCATION

NAME OF HIGH SCHOOL_____YEAR OF GRADUATION_____

NAME OF COLLEGE_____ YEAR OF GRADUATION_____

MAJOR COURSE OF STUDY (if applicable) _____

JOB EXPERIENCE

EMPLOYER JOB DESCRIPTION DATES

1._____

2._____

3._____

FIRST AID/SPECIAL TRAINING

HAVE YOU HAD ANY FIRST AID TRAINING? Yes_____ No_____

IF YES, CHECK THE COURSES YOU HAVE COMPLETED

_____**STANDARD FIRST AID CERTIFICATE** DATE RECEIVED_____ DATE EXPIRED_____

_____**LIFEGUARD** DATE RECEIVED_____ DATE EXPIRED_____

_____**CPR CERTIFICATE** DATE RECEIVED_____ DATE EXPIRED_____

_____**WSI** DATE RECEIVED_____ DATE EXPIRED_____

_____**FIRST AID INSTRUCTOR CERTIFICATE** DATE RECEIVED_____ DATE EXPIRED_____

_____**OTHER**_____

PLEASE LIST ALL ACTIVITIES THAT YOU HAVE SUPERVISED, OFFICIATED, OR ACTIVELY PARTICIPATED IN THAT PERTAIN TO THE JOB YOU ARE APPLYING FOR.

1._____ 6._____

2._____ 7._____

3._____ 8._____

4._____ 9._____

5._____10._____

NOTE: PLACE A "*" BEHIND ANY ACTIVITY THAT YOU HAVE SUPERVISED OR OFFICIATED.

GENERAL INFORMATION

DO YOU PLAN TO ATTEND SUMMER SCHOOL? YES_____ NO_____

ARE YOU AVAILABLE FOR MORNING WORK? YES_____ NO_____

ARE YOU AVAILABLE FOR AFTERNOON WORK? YES_____ NO_____

ARE YOU AVAILABLE FOR EVENING WORK? YES_____ NO_____

WHAT DAYS ARE YOU AVAILABLE? _____

WHAT HOURS ARE YOU AVAILABLE? _____

I WILL BE AVAILABLE FROM_____TO_____
MONTH/DAY MONTH/DAY

DO YOU PLAN A VACATION? YES_____ NO_____ IF YES, WHEN?_____

WHAT WORK DO YOU FEEL YOU ARE MOST QUALIFIED FOR OR ADAPTED TO?_____
_____

REFERENCES

PLEASE LIST THREE CHARACTER REFERENCES WHO ARE NOT RELATIVES:

1._____ PHONE_____

2._____ PHONE_____

3._____ PHONE_____

By providing the information above, you allow the Mt. Horeb Recreation Department to check references.

SIGNATURE_____DATE OF APPLICATION_____