

# 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 ATTACH A COPY OF YOUR CERTIFICATIONS TO THIS APPLICATION**

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

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
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? \_\_\_\_\_

### REFERENCES

PLEASE LIST THREE CHARACTER REFERENCES WHO ARE NOT RELATIVES:

1. \_\_\_\_\_ PHONE \_\_\_\_\_
2. \_\_\_\_\_ PHONE \_\_\_\_\_
3. \_\_\_\_\_ PHONE \_\_\_\_\_

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

SIGNATURE \_\_\_\_\_ DATE OF APPLICATION \_\_\_\_\_