



VILLAGE OF MOUNT HOREB

Recreation Department

Seasonal Employment Application

Instructions & Note

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview, or on this form, are grounds for terminating the applicant process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration. Additional testing of job-related skills may be required prior to employment.

Applicant Information

Full Name _____

Street Address _____

City _____

Zip _____

Home Phone _____

Cell Phone _____

Email Address _____

Position Applying For

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

Position Applying For _____

Earliest available date to begin employment: _____

What days/hours are you available: _____

Please put any vacation dates: _____

Some positions require employees to be at least 15 years of age. Are you at least 15 years of age? ___ Yes ___ No

Do you have a valid Wisconsin driver's license? _____ Yes _____ No

Work History

Name of Employer:	Address:
Your Title:	Employed (indicate month and year) From: To:
Name of Supervisor: Phone #:	Final Earnings:
Job Duties:	Reason for Leaving:

Name of Employer:	Address:
Your Title:	Employed (indicate month and year) From: To:
Name of Supervisor: Phone #:	Final Earnings:
Job Duties:	Reason for Leaving:

****If needed, please attach additional sheets**

Security

Have you ever been convicted of a felony? Yes No

If yes, please provide an explanation including state, jurisdiction and when/where conviction occurred:

Education

Circle the highest level completed:

High School: 9 10 11 12 Year of Graduation: _____

College: 13 14 15 16 Major of Study: _____ Year of Graduation: _____

List any pertinent training/certificates you have (e.g. Lifeguard certification, CPR/1st Aid, WSI, etc): _____

Please attach a copy of your certifications to this application

References

(Do NOT List Relatives)

Name and Title (if applicable)	Telephone	Years Known/Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Certification & Release

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the Village of Mount Horeb and/or its agents, including consumer reporting bureaus, to verify any of this information. I understand that the use of illegal drugs or abuse of legal drugs is prohibited during my employment. I further understand and agree that this application is not a contract for employment, and that any individual hired by the Village of Mount Horeb may voluntarily leave their employment or may be terminated by the Village of Mount Horeb at any time for any reason.

Signature _____ **Date** _____