

CHIPPEWA FALLS PARKS, RECREATION, AND FORESTRY
APPLICATION FOR SEASONAL EMPLOYMENT

CONTACT INFORMATION

APPLICATION FOR POSITION(S) OF:

| | | | | | | | | | | |
|--|------------|---------|-----|-------|--------------------------|-----|--|---------|-----------|---------|
| LAST NAME | FIRST NAME | MIDDLE | | | | | | | | |
| ADDRESS (NUMBER, STREET, CITY, STATE, ZIP) | | | | | | | | | | |
| EMAIL | PHONE 1 | PHONE 2 | | | | | | | | |
| WHAT DAYS/ HOURS ARE YOU AVAILABLE TO WORK? (CIRCLE) | | | | | | | | | | |
| SUN | MON | TUES | WED | THURS | FRI | SAT | | MORNING | AFTERNOON | EVENING |
| DATE AVAILABLE TO START | | | | | ENDING DATE RESTRICTION? | | | | | |

| | | |
|--|-----|----|
| DO YOU HAVE RELIABLE TRANSPORTATION? | YES | NO |
| DO YOU HAVE A VALID DRIVER'S LICENSE? | YES | NO |
| ARE YOU OVER THE AGE OF 16? | YES | NO |
| ARE YOU OVER THE AGE OF 18? | YES | NO |
| ARE YOU A U.S. CITIZEN, OR DO YOU HAVE AN ENTRY PERMIT WHICH ALLOWS YOU TO WORK? | YES | NO |
| ARE YOU A VETERAN? | YES | NO |

EDUCATION AND TRAINING

| | | | | |
|---|-----|----|----|----|
| DO YOU HAVE A HIGH SCHOOL DIPLOMA, HSED, OR GED? | YES | NO | | |
| WHAT IS THE HIGHEST GRADE COMPLETED IN SCHOOL? (CIRCLE) | 1 | 2 | 3 | 4 |
| | 5 | 6 | 7 | 8 |
| | 9 | 10 | 11 | 12 |

TRAINING BEYOND HIGH SCHOOL (COLLEGE, UNIVERSITY, TECHNICAL, OR OTHER SCHOOLS YOU HAVE ATTENDED)

| NAME | LOCATION | DATES ATTENDED | | CREDITS | MAJOR | GPA | DEGREE (& YEAR) |
|------|----------|----------------|----|---------|-------|-----|-----------------|
| | | FROM | TO | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ADDITIONAL CERTIFICATIONS AND TRAINING

| NAME OF COURSE | ISSUING ORGANIZATION | DATE ISSUED | EXP. DATE |
|----------------|----------------------|-------------|-----------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

RELEVANT ORGANIZATIONS YOU BELONG TO (OR HAVE BELONGED TO)

| ORNGAIZATION | LOCATION | POSITION/ TITLE | DATE FROM | DATE TO |
|--------------|----------|-----------------|-----------|---------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

WORK EXPERIENCE

| | | |
|----------|------------------|----|
| EMPLOYER | ADDRESS | |
| TITLE | CITY, STATE, ZIP | |
| DUTIES | SUPERVISOR | |
| | DATE FROM | TO |
| | SALARY BEGINNING | |
| | SALARY ENDING | |

| | | |
|----------|------------------|----|
| EMPLOYER | ADDRESS | |
| TITLE | CITY, STATE, ZIP | |
| DUTIES | SUPERVISOR | |
| | DATE FROM | TO |
| | SALARY BEGINNING | |
| | SALARY ENDING | |

| | | |
|----------|------------------|----|
| EMPLOYER | ADDRESS | |
| TITLE | CITY, STATE, ZIP | |
| DUTIES | SUPERVISOR | |
| | DATE FROM | TO |
| | SALARY BEGINNING | |
| | SALARY ENDING | |

| | | |
|----------|------------------|----|
| EMPLOYER | ADDRESS | |
| TITLE | CITY, STATE, ZIP | |
| DUTIES | SUPERVISOR | |
| | DATE FROM | TO |
| | SALARY BEGINNING | |
| | SALARY ENDING | |

| | | |
|--|-----|----|
| MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER? | YES | NO |
| MAY WE COMMUNICATE WITH YOUR PAST EMPLOYER? | YES | NO |

I VERIFY THAT THE INFORMATION STATED ON THIS APPLICATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OF DATA WILL RESULT IN REJECTION AS A CANDIDATE AND SUBSEQUENT DISMISSAL IF EMPLOYED, AND THAT INFORMATION PROVIDED ON THIS APPLICATION IS SUBJECT TO VERIFICATION.

| | |
|-----------|------|
| SIGNATURE | DATE |
|-----------|------|

OFFICE USE ONLY

| | |
|------------------------|--------|
| DATE RECEIVED | NOTES: |
| CALL CANDIDATE ON | |
| INTERVIEW CANDIDATE ON | |
| CANDIDATE HIRED? | |
| POSITION | |