

**DODGEVILLE RECREATION/POOL DEPARTMENT**

100 East Fountain Street  
Dodgeville, WI 53533

**SEASONAL EMPLOYMENT APPLICATION RECREATION/POOL**

EMPLOYMENT FOR (CHECK ONE OR MORE): POOL SUMMER RECREATION WINTER RECREATION UMPIRE

POSITION FOR WHICH YOU ARE APPLYING \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

AS OF MAY 1, 2021, I WILL BE 16 OR 17 YEARS OF AGE? YES NO

AGE? AS OF MAY 1, 2021, I WILL BE 18 YEARS OF AGE? YES NO

ARE YOU PRESENTLY A FULL TIME STUDENT? YES NO

IF YES, CHECK 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** (Required for Pool, Suggested for Recreation)

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 (FOR THE PROFESSIONAL RESCUER CERTIFICATE)	DATE RECEIVED _____	DATE EXPIRED _____	_____	_____
WSI	DATE RECEIVED _____	DATE EXPIRED _____	_____	_____
FIRST AID INSTRUCTOR CERTIFICATE	DATE RECEIVED _____	DATE EXPIRED _____	_____	_____
OTHER	_____	_____	_____	_____

