DODGEVILLE RECREATION/POOL DEPARTMENT

100 East Fountain Street Dodgeville, WI 53533

SEASONAL EMPLOYMENT APPLICATION RECREATION/POOL

EMPLOYMENT FOR (CHECK ONE OR MORE)	: POOL SUMMER I	RECRE	ATION WINTER RECI	REATION UMPIRE	
POSITION FOR WHICH YOU ARE APPLYING_					
NAME					
ADDRESS					
CITYSTATE					
	CELL PHONE				
	DATE OF BIRTH				
AS OF MAY 1, 2021, I WILL BE 16 OR 17 YEA			NO		
AGE? AS OF MAY 1, 2021, I WILL BE 18 YEAR	RS OF AGE? YE	:S	NO		
ARE YOU PRESENTLY A FULL TIME STUDENT?			NO		
IF YES, CHECK ONE: HIGH SCHOOL CO					
in res, crizer one. Then serious	JEELGE VOOMING	J1471L	3611002		
	EDUCATION				
IAME OF HIGH SCHOOLYEAR OF GRADUATION			RADUATION		
NAME OF COLLEGE	YEAR	OF G	RADUATION		
MAJOR COURSE OF STUDY (IF APPLICABLE)					
	JOB EXPERIENC	<u>CE</u>			
EMPLOYER	JOB DESCRIPTION			DATES	
1					
2					
3					
FIRST AID/SPECIAL TRA	AINING (Required fo	or Poc	ol, Suggested for Recre	eation)	
HAVE YOU HAD ANY FIRST AID TRAINING? Y	ES NO IF YE	ES, CH	ECK THE COURSES YO	U HAVE COMPLETED	
STANDARD FIRST AID CERTIFICATE	DATE RECEIVED		DATE EXPIRED		
LIFEGUARD	DATE RECEIVED		DATE EXPIRED		
CPR (FOR THE PROFESSIONAL RESCUER CERTIFICATE)					
WSI			DATE EXPIRED		
FIRST AID INSTRUCTOR CERTIFICATE	DATE RECEIVED		DATE EXPIRED		

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	5			
2	6			
3	7			
4 NOTE: PLACE A "*" BEHIND ANY ACTIVITY THAT Y	8 YOU HAVE	SUPERVISED OR OFFICIATED.		
	RAL INFOR			
DO YOU PLAN TO ATTEND SUMMER SCHOOL?	YES	NO		
ARE YOU AVAILABLE FOR MORNING WORK?	YES	NO		
ARE YOU AVAILABLE FOR AFTERNOON WORK?	_	NO		
ARE YOU AVAILABLE FOR EVENING WORK?		NO		
WHAT DAYS ARE YOU AVAILABLE?				
WHAT HOURS ARE YOU AVAILABLE?				
I WILL BE AVAILABLE FROM				
MONTH/DA		MONTH/DAY		
DO YOU HAVE A VACATION PLANNED? YES		YES, WHEN?		
•	REFERENCE ER REFERE	<u>CES</u> NCES WHO ARE NOT RELATIVES:		
1	PHONE			
2	PHONE			
3	PHONE			
already employed, will result in dismissal. My signature position requires driving), transcripts from education related information from former employers or refere background check. I understand that I may be asked screening, prior to appointment to a position with the will result in the withdrawal of any offer of employments.	nd that any ure authorized institution ences, and a to undergo e City of Doent.	falsification will disqualify me from employment, or if tes the City of Dodgeville to secure my driving record (if nal institutions to verify credits/degrees, employment-ny information needed to complete a criminal a physical examination, including substance abuse dgeville; I also understand that refusal to participate		
		DATE OF APPLICATION:		
PARENT SIGNATURE (IF UNDER 18):		DATE OF APPLICATION:		