

Youth Baseball/Softball Umpire Application

Due on or before *March 15th, 2018*.

Please deliver to Jeff Schroeder, New Holstein Baseball/Softball Director, either in person or to the City Clerk's office.

Complete both the employment application form and the criminal background check form. Any omission on the background check form may eliminate you as a possible umpire (this includes traffic violations, so please be complete).

Thank you for your interest in sharing your talents for youth baseball and softball in our community.

Umpire requirements:

Minors-two for each game with one behind home plate and one on bases; must be age 14 with adequate sport knowledge

Little League-two for each game with one behind home plate and one on bases; must have one at least age 16 and one at least age 18

Graders-two for each game with one behind home plate and one on bases; must be age 18 and/or have WIAA umpire certification

Girls A-two for each game with one behind home plate and one on bases; must be age 16

Girls B-two for each game with one behind home plate and one on bases; must be age 16

CITY OF NEW HOLSTEIN
Recreation Department Employment Application



2110 Washington St.
 New Holstein, WI 53061-1045
 (920) 898-5766 FAX (920) 898-5879

APPLICANT INFORMATION – Please Print					
Last Name		First	M.I.	Application Date	
Street Address			Apartment/Unit #		
City		State	ZIP		
Home Phone		Cell Phone			
Date Available		Driver's License No.			
Email:					
QUALIFICATIONS					
Position Applied for (Check to the left of all that apply.)					
<input type="checkbox"/>	Aquatic Center – Swimming Instructor Must have WSI*	<input type="checkbox"/>	Sled Hill Attendant	<input type="checkbox"/>	Youth Baseball/Softball Umpire
<input type="checkbox"/>	Aquatic Center -- Lifeguard Must be certified*	<input type="checkbox"/>	Aquatic Center - Concessions	<input type="checkbox"/>	Concession Stand Supervisor
<input type="checkbox"/>	Youth Volleyball Line Judge	<input type="checkbox"/>	Youth Volleyball Official	<input type="checkbox"/>	Other – Please specify
Are you a certified Water Safety Instructor?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Certification:	Expiration Date:
Are you a certified Lifeguard?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	Certification:	Expiration Date:
*Please provide a copy of CPR Verification and a copy of your Life Guard Certificate with application.					
Are you authorized to work in the United States?		YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for this company?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?	
List Positions Held:					
EDUCATION					
High School		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
College		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
Other		Address			
From	To	Did you graduate?	YES <input type="checkbox"/> NO <input type="checkbox"/>	Degree	
MILITARY SERVICE					
Branch		From	To		

REFERENCES*Please list three professional references.*

1. Full Name		Relationship
Company		Phone ()
Address		
2. Full Name		Relationship
Company		Phone ()
Address		
3. Full Name		Relationship
Company		Phone ()
Address		

PREVIOUS EMPLOYMENT

Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			
Company		Phone ()	
Address		Supervisor	
Job Title	Starting Salary \$	Ending Salary \$	
Responsibilities			
From	To	Reason for Leaving	
May we contact your previous supervisor for a reference? YES <input type="checkbox"/> NO <input type="checkbox"/>			

EMERGENCY CONTACT(S) In case of an emergency, who should we contact?

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

APPLICANT'S STATEMENT

By signing below, I certify that the answers given by me to the foregoing questions and/or statements are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the Application for Employment, or any other document, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that the City of New Holstein shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me on this Employment Application or any other document.

I hereby grant permission to the City of New Holstein to investigate any of the information included in this application. I also authorize the companies, schools, or persons named to give any information, transcripts, records, or documents requested regarding my work experience, educational background, personal reference, conviction record, character or qualifications, personal or otherwise. I hereby release said companies, schools or persons from all liability for any damage that may result from furnishing this information to the City of New Holstein.

I understand that if employed, I must complete the following documents before I begin to work: Work Permit (if under the age of 18 years), WT-4 Certificate, Information Release Authorization Form, and USCIS Form I-9.

I agree to conform to the rules, regulations and policies of the City of New Holstein/Recreation Department of New Holstein, Wisconsin. I fully understand and agree that filling out this Application for Employment does not obligate the City of New Holstein to offer me a job, nor does it obligate me to accept a job with the City of New Holstein Recreation Department.

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release.

Applicants Signature: _____ **Date:** _____

City of New Holstein is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, creed, political or religious affiliation, color, disability, marital status, gender, sexual orientation, national origin, ancestry, arrest record, conviction record or any of the protective classes covered under federal law (race, color, religion, sex (including pregnancy and sexual harassment) and national origin) or under state law (race, color, religious observation or practice, sex, national origin, ancestry, age, creed, handicap, marital status, arrest record, conviction record, sexual orientation, sexual harassment, membership in the national guard, state defense force or any reserve component of the military force of the United States or this state, use or nonuse of lawful products off the employer's premises during non-working hours, unfair honesty testing and genetic testing).

