

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	Social Security No.	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 -Front desk/slide attendant	<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	<input type="checkbox"/>	<input type="checkbox"/>

Are you a certified Water Safety Instructor? YES NO Certification: _____ Expiration Date: _____

Please provide a copy of CPR Verification and a copy of your Red Cross Life Guard Certificate (WSI) with application.

Are you a certified Lifeguard? YES NO Certification: _____ Expiration Date: _____

Are you a citizen of the United States? YES NO If no, are you authorized to work in the U.S.? YES NO

Have you ever worked for this company? YES NO If so, when?

List Positions Held:

Have you ever been convicted of a felony? YES NO If yes, explain

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
Rank at Discharge	Type of Discharge	

If other than honorable, explain.

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"/>			

CRIMINAL BACKGROUND

Have you ever pled guilty, or no contest to, or been convicted of an ordinance violation (other than minor traffic violations), misdemeanor, or felony?

Yes No

If yes, please explain _____
_____.

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), W-4 Certificate, Social Security Form SSA-1945.

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).

CITY OF NEW HOLSTEIN

Employment/Volunteer Background Check



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

APPLICANT INFORMATION – Please Print

Last Name	First	Full Middle Name
Street Address		Apartment/Unit #
City	State	ZIP
Home Phone	Cell Phone	
Driver's License No.	Position	

CRIMINAL ARREST OR CONVICTION BACKGROUND; PAST CONDUCT BACKGROUND

Have you ever been convicted of any misdemeanor or felony, or convicted of violating any other law including ordinances and traffic regulations?
 Yes No

If yes, please list all convictions with the following information for each.

Date of conviction(s) _____

Name of Court _____

Nature of Offense _____

Are there charges of any kind pending against you? Yes No **If Yes**, explain below and continue on back side of sheet if needed.

Have you ever been charged with a misdemeanor or felony that is not listed above? Yes No

If Yes, please list the date you were charged with the following information for each.

Name of Court _____

Identification of charge made against you _____

Has there ever been a determination in any of your past employment or volunteer work that you have engaged in conduct that has been determined to be harassing or retaliatory in the work place? Yes No

If Yes, please identify that prior employment and by your signing the attached applicant statement, you will be giving permission to obtain the information from the prior employer as to the outcome and circumstances of that determination.

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 Background Check, 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 Background Check Application or any other document.

I hereby empower an employee of the City of New Holstein or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources: Municipal, State, or Federal Law enforcement agencies.

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 Background Check Application does not obligate the City of New Holstein to offer me *employment, nor does it obligate me to accept a job with the City of New Holstein.

I hereby provide consent to the City of New Holstein to obtain any information regarding my prior employment that may be identified in the background check above on the issue of harassment and retaliatory conduct.

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 may result in my release.

Applicants Signature: _____ **Date:** _____

If under 18 years of age a parent must sign.

Parent/Guardian Signature: _____ **Date:** _____

* Employment/Employed refers to paid employees of the City of New Holstein as well as non-paid volunteers for the City of New Holstein and the City of New Holstein Recreation Department.