

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? YES NO Certification: _____ Expiration Date: _____

Are you a certified Lifeguard? YES 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 NO

Have you ever worked for this company? YES NO 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).

INFORMATION RELEASE AUTHORIZATION

Background Check for Official Use by Authorized Persons - City of New Holstein

INSTRUCTIONS TO APPLICANT:

The City of New Holstein requests this information to complete the employment background verification. The information obtained is used exclusively for the purpose of employment consideration. **Failure to complete will result in delayed processing of your application.**

Legal Name: Last, First, Middle	Date of Birth
Resident Street Address	
(Area Code) Home Telephone	(Area Code) Work Telephone
Former Name (If Applicable)	

To Whom It May Concern:

I authorize any authorized official representative of The City of New Holstein bearing or presenting this release, to obtain information and records pertaining to me and my personal background whether such information and records are public, private, favorable, unfavorable, or confidential in nature from any or all of the following sources:

- Military Record Centers
- Any place of business
- Any Court, Police Agency or other location where criminal and misdemeanor records are kept
- Former Employer(s)
- Present Employer(s)
- Any School, College, University or other educational institution including peace officer records
- Credit Bureau(s)
- Any Banking Institution
- Any Local, State, or Federal Governmental Agency
- Any private citizen who has knowledge of individual

I understand that any information obtained by the personal history background investigation which is developed directly or indirectly, in whole or in part, upon this release authorization will be considered in determining my suitability for employment by The City of New Holstein. I fully understand that the refusal to grant this authorization will not, of itself, constitute a basis for rejection of my application. I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, including actions brought under s. 895.50, Wisconsin Statutes (the Privacy Act) which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

A photocopy of this release will be as valid as an original.

Applicants Signature: _____ Date: _____

If under 18 years of age a parent must sign.

Parent/Guardian Signature: _____ Date: _____

OFFICE USE ONLY:

Background Check Completed By: _____

Recommendation on the results of the background check is that this applicant should be (circle one): APPROVED DENIED

Denial is recommended based on the following information:
