Application for Employment SPARTA PARKS AND RECREATION DEPARTMENT IS A DRUG FREE WORKPLACE



Parks and Recreation Department 1000 E. Montgomery St. Sparta, WI 54656 (608) 269-6322

(Please Print)								
Position	Position Applied for: Date of Application:					:		
Last Name:			I	First Name:			Middle Initial:	
Address:			(City:	S	State:	Zip:	
School	School Address (if applicable):							
Social Security Number:								
Telephone Numbers: Home:				E-mail Address: Summer:				
Cell/Work: School:								
If you are under the age of 16, can you provide required proof of eligibility to work?					x?	YESN	0	
Have y	ou ever filed an aj	pplication with us b	efore?			YESN	0	
Are you currently employed?						YESN	0	
Have you ever been convicted of a felony, causing harm to another person? YES NO You must report all convictions, past and present. If it is determined they are not job related; they will not disqualify you. For more than one conviction, use blank sheets and attach to this application. YES							0	
If yes, what was your offense? Date of offense								
Date of Conviction Lengt			Length of sente	ngth of sentence Length served				
Length of probation/parole? Date of probation/parole completed								
If your probation/parole is/was supervised, list probation officer's name and telephone number:								
Name Number								
Date you are available to start work?								
Please check the days and times you are available to work:								
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	
AM								
PM								
EVE								

Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude those activities which indicate race, color, religion, sex, national origin, age, ancestry, marital status, unfavorable discharge from the military, physical or mental disability unrelated to job requirements or any other legally protected status. Use a separate sheet of paper if you need additional space.

Employer:	Work Performed:
Address:	
City : State: Zip:	
Telephone Number:	
Dates Employed: From:To:	
Job Title:	Reason for Leaving:
Hourly Rate/Salary: Starting: Final:	
May we contact this organization? YES NO	
Supervisor:	
Employer:	Work Performed:
Address:	
City : State: Zip:	
Telephone Number:	
Dates Employed: From:To:	
Job Title:	Reason for Leaving:
Hourly Rate/Salary: Starting: Final:	
May we contact this organization? YES NO	
Supervisor:	
Employer:	Work Performed:
Address:	
City : State: Zip:	
Telephone Number:	
Dates Employed: From:To:	
Job Title:	Reason for Leaving:
Hourly Rate/Salary: Starting: Final:	
May we contact this organization? YES NO	
Supervisor:	

Education:								
	High S	chool	College/University	Post Graduate				
School City								
Years Completed								
Diploma, Degree, Years of Study								
References:								
Give references, not related to you, and who are not previous employers.								
Name		Address		(Area Code) Phone Number				

Why are you applying to work for the Sparta Parks and Recreation Department?

Complete the following section excluding those activities which indicate race, color, religion, sex, national origin, age, ancestry, marital status, unfavorable discharge from the military, physical or mental disability unrelated to job requirements or any other legally protected status:

Describe any specialized training or skills you have acquired which may be helpful to us in considering your application:

Describe any leisure interests and/or extra curricular activities:

Do you hold any special certificates that would make you uniquely qualified for this job? (example: CPR, First Aid, WSI, NCTRC) Please list:_____ Each of the following items becomes part of your applications record by your signature. Be sure to understand these notes and conditions before signing.

- 1. I voluntarily give the City of Sparta the right to make a thorough investigation of my past employment, agree to cooperate in such investigation, and authorize all prior employers to supply such information to the full extent allowed by law.
- 2. If offered employment I understand that I will be required to follow the personnel policies, department rules and directives.
- 3. I understand that false or misleading information given in my application or interview(s) may result in disqualification or, in the event
- of employment, dismissal. I attest that the information provided in this application is true and correct to the best of my knowledge.
- 4. The Sparta Park & Recreation Department reserves the right to change its policies or otherwise alter conditions of employment without notice as the department deems appropriate.

I CERTIFY that all statements made on this application are true and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if already employed, will result in dismissal. I also understand that it is my responsibility to notify the Sparta Park & Recreation Department, in writing, of any changes made to my address or my telephone number. My signature AUTHORIZES the Sparta Park & Recreation Department to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees and information needed to complete a criminal background check. It also authorizes collection of any employment related information deemed necessary from former employers or personal references.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I here by understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "<u>at will</u>" nature, which means that the employee may resign at any time and the employer may discharge employees at any time with or without a cause. It is further understood that this "<u>at will</u>" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of applicant:	Date:			
Office Use Only:				
Arrange Interview: YES NO	References Checked:	YES	NO	
Remarks (see interview form)	Employed:	YES	NO	
	Date employment:			
	Job Title:			
	Hourly Rate/Salary:	\$	Date:	
	Rate adjustment:	\$	Date:	
		\$	Date:	
		\$	Date:	
		\$	Date:	
Interviewer:	By (Name and Title):	:		
Date:	Date:			