Berlin Aquatic Center

 P.O. Box 272, 255 Webster St. Berlin, WI 54923 (920) 361- 5H2O(5426) in season (920) 361-KIDS (5437) Sept. - May

# Application for Employment

Equal access to programs, services and employment is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

| Position (s) applie  | d for                            |   |                           | Date of application   | I           | Ι        |
|----------------------|----------------------------------|---|---------------------------|---|-------------|----------|
| Referral Source      | Advertisement                    | Employee  | □ Relative                | Government Employm  | nent Agency |          |
|                      | □ Walk-in                        | Private Employment  | Agency                    | □ Other   |             |          |
|                      | Name of source (if applica       | ble)  |                           |   |             |          |
| Name:                | LAST                             |   | IRST                      |   | MIDDLE      |          |
| Address:             |                                  | STA   |                           | Il Security #   |             |          |
|                      |                                  |   |                           |   |             |          |
|                      |                                  |   |                           | nail Address  |             |          |
| If necessary, best t | time to call you at home is      |   |                           |   |             | AM PM    |
| May we contact yo    | bu at work? $\Box$               | $\underline{\text{Orb}}$ If yes, work n   | umber and best time to    | call ()   | :           | AM PM    |
| If you are under 18  | 8 and it is required, can you fu | rnish a work permit?  |                           |   | <u>□Yes</u> | □ No     |
| If no, please expla  | in                               |   |                           |   |             |          |
| Have you submitte    | ed an application here before?   | □Yes □ No If yes, gi  | ve date(s) and position(  | s)  | /           | /        |
| Have you ever bee    | en employed here before? $\Box$  | <b>(es</b> D No If yes, give dat  | es                        | From <u>/</u> /_/   | To/         | /        |
| Are you legally eli  | igible for employment in this    | country?  |                           |   | <u>□Yes</u> | 🗆 No     |
| Date available for   | work                             | <u>/ /</u> Last da  | y available for work      |   | /           | _/       |
| What is your desir   | ed salary range?                 |   |                           |   | \$          | per hour |
| Type of employme     | -                                | will be hired for one of the fo<br>d I (30 - 35 hrs/week) when a<br>d III (10 - 19 hrs/week) when | vailable 🗌 Lifegu         | ard II (20 - 29 hrs/week) wher<br>ard IV (1 - 9 hrs/ week) when a |             |          |
| Are you willing to   | accept a classification with le  | ess hours than indicted above?  | Yes □ No If no            | o, please explain   |             |          |
| Will you work onl    | y weekends if required?          | <b>Yes</b> $\Box$ <b>No</b> If no, please ex  | plain                     |   |             |          |
| Will you work onl    | y evenings if required? $\Box$   | <b>′es</b> □ <b>No</b> If no, please exp  | olain                     |   |             |          |
| Have you ever bee    | en bonded? <u>Yes No</u>         | Have you ever pleaded guilt   | y or no contest to, or be | en convicted of a crime?  | <u>□Yes</u> | <u> </u> |
| If yes, please prov  | ide date(s) and details          |   |                           |   |             |          |

ANSWERING "YES" TO THESE QUESTIONS DOES NOT CONSTITUTE AN AUTOMATIC BAR TO EMPLOYMENT. FACTORS SUCH AS DATE OF THE OFFENSE, SERIOUSNESS AND NATURE OF THE VIOLATION, REHABILITATION AND POSITION APPLIED FOR WILL BE TAKEN INTO ACCOUNT.

#### **Educational Background**

A. List last three (3) schools attended, starting with most recent. B. List number of years completed. C. Indicate degree or diploma earned, if any. D. Grade Point Average or Class Rank. E. Major field of study. F. Minor field of study (if applicable).

| A. SCHOOL | B. NUMBER OF<br>YEARS COMPLETED | C. DEGREE DIPLOMA | D. GPA<br>CLASS RANK | E. MAJOR | F. MINOR |
|-----------|---------------------------------|-------------------|----------------------|----------|----------|
|           |                                 |                   |                      |          |          |
|           |                                 |                   |                      |          |          |
|           |                                 |                   |                      |          |          |
|           |                                 |                   |                      |          |          |
|           |                                 |                   |                      |          |          |

#### References

List name and telephone number of three business/work references who are *not* related to you and are *not* previous supervisors. If not applicable, list three school or personal references who are not related to you.

| NAME | TELEPHONE | ADDRESS | CITY | ZIP | NUMBER OF<br>YEARS KNOWN |
|------|-----------|---------|------|-----|--------------------------|
|      |           |         |      |     |                          |
|      |           |         |      |     |                          |
|      |           |         |      |     |                          |
|      |           |         |      |     |                          |

### **Employment History**

Provide the following information of your past and current employers, assignments or volunteer activities, starting with the most recent (use additional sheets if necessary). Explain any gaps in employment in comments section below.

| EMPLOYER   | DATES EMPLOYED |               | SUMMARIZE TYPE OF WORK<br>PERFORMED AND JOB                     |  |
|--|----------------|---------------|---|--|
|  | FROM           | то            | RESPONSIBILITIES  |  |
| PHONE  |                |               |   |  |
| ADDRESS  |                |               |   |  |
| STARTING JOB TITLE/FINAL JOB TITLE                     |                |               |   |  |
| IMMEDIATE SUPERVISOR AND TITLE                         |                |               |   |  |
| REASON FOR LEAVING                                     |                |               |   |  |
| MAY WE CONTACT FOR REFERENCE?                          |                |               |   |  |
|  |                |               |   |  |
| EMPLOYER   | DATES EM       | IPLOYED       | SUMMARIZE TYPE OF WORK  |  |
| EMPLOYER   | DATES EN       | IPLOYED<br>TO | SUMMARIZE TYPE OF WORK<br>PERFORMED AND JOB<br>RESPONSIBILITIES |  |
| EMPLOYER<br>PHONE                                      |                |               | PERFORMED AND JOB   |  |
|  |                |               | PERFORMED AND JOB   |  |
| PHONE  |                |               | PERFORMED AND JOB   |  |
| PHONE<br>ADDRESS                                       |                |               | PERFORMED AND JOB   |  |
| PHONE<br>ADDRESS<br>STARTING JOB TITLE/FINAL JOB TITLE |                |               | PERFORMED AND JOB   |  |

Comments: INCLUDING EXPLANATION OF ANY GAPS IN EMPLOYMENT

### **Skills and Qualifications**

Summarize any special training, skills, and/or hobbies, and or prior lifeguard experience that you possess that may relate to working as a lifeguard. Also list any licenses and/or certifications (i.e. WSI, 1st Aid, CPR, etc.) that you have earned.

| Tist an exist a complication of a compared with the set.          |  |   |           |
|---|--|---|-----------|
| List special accomplishments, awards, clubs, etc.                 |  | OFFICE USE C  | ONLY      |
|   |  | Hired?  | □Yes □ No |
|   |  | Hire Date   |           |
| Date of Red Cross Pro-CPR certification                           | Expires? (date)<br>Expires? (date)<br>Instructor | W-4?<br>I-9?<br>work permit required?<br>work permit received?<br>Background Check? | □Yes □ No |
| Have you ever had a Hepatitis B Vaccine? $\Box Yes \Box No$ if ye | s, please give date                              | Start Date  |           |

# CITY OF BERLIN

# APPLICANT STATEMENT

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect, will be sufficient cause to (i) cancel further consideration of this application, or (ii) immediately discharge me from the employer's service, whenever it is discovered.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using such information in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that the employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I understand that this application remains current for only 60 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to re-apply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment for any specified period or definite duration. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the employer's president. I also understand that <u>I am being hired for a seasonal and/or part time position that will not require more than 600 hours per year.</u>

I also understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

# DO NOT SIGN UNTILYOU HAVE READ THE ABOVE APPLICANT STATEMENT.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

Signature of Applicant\_\_\_\_\_

| Date / / | Date |  | / / | / |
|----------|------|--|-----|---|
|----------|------|--|-----|---|

# **Do I need a Work Permit?**

If you are seeking a job with the Parks and Recreation Department and are *AGE 15* and have been offered a position – the answer is <u>YES!</u>

To work with **Recreation Programs** you must be at least **15 years old** To work as a **Lifeguard** you must be at least **15 years old** To work in the **Parks Department** you must be at least **16 years old** Some positions that require the operation of machinery in the **Parks Department** require that you be **18 years old** 

| YOU MUST:   |
|---|
| Be the appropriate age prior to the date of written offer of employment   |
| Have a written offer of employment from the Director of Parks and Recreation  |
| Provide proof of age. Acceptable proofs include a Driver's License, State ID card, Birth Certificate or Baptismal certificate |
| Have parental written consent. Parent or guardian must sign written job offer   |
| Provide Social Security Card  |
| Bring all the above completed items to:   |
| Berlin Area School District Business Office   |

## Berlin Area School District Business Office 295 E. Marquette Street Berlin, WI 54923

There is a fee of \$10.00 for the work permit. This fee is paid for by the City of Berlin.