

CHIPPEWA FALLS PARKS, RECREATION, AND FORESTRY
APPLICATION FOR SEASONAL EMPLOYMENT

CONTACT INFORMATION

APPLICATION FOR POSITION(S) OF:

LAST NAME	FIRST NAME	MIDDLE								
ADDRESS (NUMBER, STREET, CITY, STATE, ZIP)										
EMAIL	PHONE 1	PHONE 2								
WHAT DAYS/ HOURS ARE YOU AVAILABLE TO WORK? (CIRCLE)										
SUN	MON	TUES	WED	THURS	FRI	SAT		MORNING	AFTERNOON	EVENING
DATE AVAILABLE TO START					ENDING DATE RESTRICTION?					

DO YOU HAVE RELIABLE TRANSPORTATION?	YES	NO
DO YOU HAVE A VALID DRIVER'S LICENSE?	YES	NO
ARE YOU OVER THE AGE OF 16?	YES	NO
ARE YOU OVER THE AGE OF 18?	YES	NO
ARE YOU A U.S. CITIZEN, OR DO YOU HAVE AN ENTRY PERMIT WHICH ALLOWS YOU TO WORK?	YES	NO
ARE YOU A VETERAN?	YES	NO

EDUCATION AND TRAINING

DO YOU HAVE A HIGH SCHOOL DIPLOMA, HSED, OR GED?	YES	NO		
WHAT IS THE HIGHEST GRADE COMPLETED IN SCHOOL? (CIRCLE)	1	2	3	4
	5	6	7	8
	9	10	11	12

TRAINING BEYOND HIGH SCHOOL (COLLEGE, UNIVERSITY, TECHNICAL, OR OTHER SCHOOLS YOU HAVE ATTENDED)

NAME	LOCATION	DATES ATTENDED		CREDITS	MAJOR	GPA	DEGREE (& YEAR)
		FROM	TO				

ADDITIONAL CERTIFICATIONS AND TRAINING

NAME OF COURSE	ISSUING ORGANIZATION	DATE ISSUED	EXP. DATE

RELEVANT ORGANIZATIONS YOU BELONG TO (OR HAVE BELONGED TO)

ORGANIZATION	LOCATION	POSITION/ TITLE	DATE FROM	DATE TO

WORK EXPERIENCE

EMPLOYER	ADDRESS	
TITLE	CITY, STATE, ZIP	
DUTIES	SUPERVISOR	
	DATE FROM	TO
	SALARY BEGINNING	
	SALARY ENDING	

EMPLOYER	ADDRESS	
TITLE	CITY, STATE, ZIP	
DUTIES	SUPERVISOR	
	DATE FROM	TO
	SALARY BEGINNING	
	SALARY ENDING	

EMPLOYER	ADDRESS	
TITLE	CITY, STATE, ZIP	
DUTIES	SUPERVISOR	
	DATE FROM	TO
	SALARY BEGINNING	
	SALARY ENDING	

EMPLOYER	ADDRESS	
TITLE	CITY, STATE, ZIP	
DUTIES	SUPERVISOR	
	DATE FROM	TO
	SALARY BEGINNING	
	SALARY ENDING	

MAY WE COMMUNICATE WITH YOUR PRESENT EMPLOYER?	YES	NO
MAY WE COMMUNICATE WITH YOUR PAST EMPLOYER?	YES	NO

I VERIFY THAT THE INFORMATION STATED ON THIS APPLICATION IS CORRECT, TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT MISREPRESENTATION OF DATA WILL RESULT IN REJECTION AS A CANDIDATE AND SUBSEQUENT DISMISSAL IF EMPLOYED, AND THAT INFORMATION PROVIDED ON THIS APPLICATION IS SUBJECT TO VERIFICATION.

SIGNATURE	DATE
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OFFICE USE ONLY

DATE RECEIVED	NOTES:
CALL CANDIDATE ON	
INTERVIEW CANDIDATE ON	
CANDIDATE HIRED?	
POSITION	