

**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		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		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College	Address		
Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other	Address		
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"/>			

**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).*