## **CITY OF MINERAL POINT**

137 HIGH STREET, SUITE 1 MINERAL POINT, WI 53565

## SEASONAL PARK DEPARTMENT EMPLOYMENT APPLICATION

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NAME			
PRESENT ADDRESS			
SUMMER ADDRESS, IF DIFFERENT			
CITY	STATE	ZIP	
HOME PHONE		CELL PHONE	
EMAIL			
ARE YOU AT LEAST 16 YEARS OF AGE (EMPLOYEES UNDER 18 ARE REQUIRED TO C		BIRTHDATE:	
ARE YOU PRESENTLY A FULL TIME ST	rudent? YESNO		
IF YES, CIRCLE ONE: HIG	H SCHOOL COLLE	:GE	
	<u>EDUCA</u>	<u> TION</u>	
NAME OF HIGH SCHOOL		YEAR (	OF GRADUATION
NAME OF COLLEGE		YEAR C	F GRADUATION
MAJOR COURSE OF STUDY (IF APPLI	CABLE)		
	GENERAL INFO		
I WILL BE AVAILABLE FROM	MONTH/DAY	TO	MONTH/DAY
WERE YOU EMPLOYED BY THE MINE		_	NO
IF YES, WHAT WAS YOUR POSITION?			
HOW MANY YEARS HAVE YO	OU WORKED FOR THE PARK	C DEPARTMENT	
ARE YOU AVAILABLE FOR M	ORNING WORK? YES	NO	
ARE YOU AVAILABLE FOR AF	TERNOON WORK? YES	NO	
ARE YOU AVAILABLE FOR EV	'ENING WORK? YES N	NO	
WHAT DAYS ARE YOU AVAILABLE? _			
WHAT HOURS ARE YOU AVAILABLE?	·		
MONTH/DAY DO YOU HAVE A VACA	TION PLANNED? YES	NO IF YES, WHEI	N?

## **FIRST AID/SPECIAL TRAINING**

HAVE YOU HAD ANY FIRST AID TRAINING? YE	S NO	IF YES, CHECK THE COURSES YOU HAVE COMPLETED
STANDARD FIRST AID CERTIFICATE	DATE RECEIVED	DDATE EXPIRED
FIRST AID INSTRUCTOR CERTIFICATE	DATE RECEIVE	D DATE EXPIRED
OTHER		_
	<u>REFEREN</u>	<u>CES</u>
PLEASE LIST THREE CHARACTER REFERENCES	, WHO ARE NOT R	ELATIVES & YOU HAVE KNOWN FOR AT LEAST ONE YEAR:
1		PHONE
2		PHONE
3.		PHONE
NAME ADDRES	SS	PHONE
"I certify that the facts contained in this application employed, falsified statements on this application s		ete to the best of my knowledge and understand that, if dismissal.
	inent information th	erences listed above to give you any and all information ey may have, personal or otherwise, and release all parties from to you.
I understand and agree that, if hired, my employr wages and salary, be terminated at any time withou		e period and may, regardless of the date of payment of my
SIGNATURE:		DATE OF APPLICATION:
DARENT SIGNATURE (IE LINDER 19)		DATE OF APPLICATION: