

**CITY OF ELKHORN
APPLICATION FOR EMPLOYMENT**

For Office Use Only

Today's Date: _____

<p>Mail Completed Application To: City of Elkhorn Attn: Rec Director P.O. Box 920 Elkhorn, WI 53121</p> <p>OR, Deliver Completed Application To: Recreation Building located at 200 Devendorf Street</p> <p>262-741-5114 –Phone 262-741-5131 – Fax www.cityofelkhorn.org</p>	<p style="text-align: center;">General Application Instructions:</p> <ul style="list-style-type: none"> Incomplete applications MAY NOT BE CONSIDERED Complete application in its entirety DATE and SIGN application Complete application in blue or black ink. You are not required to furnish any information, which is prohibited by federal, state or local law <p>If you are a qualified applicant with a disability and require any accommodations during any phase of the application process, please notify the Clerk at least 48 hours in advance so that we may review and consider the request.</p>	
<p>The City of Elkhorn supports, and is committed to, equal employment opportunity for all personnel. This means that the City will make all employment decisions, including the decision to hire, recruit, train, or promote, based on its determinations of whether an individual has the required skill, ability, experience, or other qualifications to perform the essential job functions. The City of Elkhorn does not discriminate against applicants or employees because of race or color, gender or sex, national origin or ancestry, religion or creed, disability or handicap, age, marital status, sexual orientation, arrest or conviction record, veteran status, use or non-use of lawful products, or any other category protected by applicable law.</p>		
Title of position you are applying for:	Date available to work: <input type="checkbox"/> Full Time <input type="checkbox"/> Part-Time <input type="checkbox"/> Student Intern <input type="checkbox"/> Temp/Limited Term	
Full Name: Last	First	Middle
Address: (number, street, city, state, zip)		
Home Telephone Number: (best time to call)	Other Telephone Number: (best time to call)	
Hours you are available to work:		

Are you at least 18 years of age? Yes No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? (Proof of Citizenship or immigration status will be required upon employment) Yes No

Are you a U.S. Citizen? Yes No

Have you ever filed an application with us before? Yes No
If so, give date and position applied for: _____

Do you possess a valid Driver's License? Yes No
If yes, please advise state and the number: _____

Do you possess a valid Commercial Driver's License? Yes No
If yes, please advise type/class: _____

Do you possess any other license? Yes No
If yes please advise the type: _____

EDUCATION

Do you have a High School Diploma, HSED, or GED? Yes No

Name and Location of High School last attended:

Education and/or Vocational training beyond High School – Please start with most recent:

Name & Location of School	Course of Study	Years Completed	Degree Received & Year

Important: You must complete the employment section of the application. Include any military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Use additional sheets if necessary.

EMPLOYMENT EXPERIENCE: (Please start with your most recent position)

Employer	<u>Length of Employment</u>
Address	From (M/Yr) _____
Your Title	To (M/Yr) _____
Supervisor	Total (M/Yr) _____
Supervisor's Title	Last Salary _____
Phone Number	Reason for Leaving _____
Principal Duties and Responsibilities	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	<u>Length of Employment</u>
Address	From (M/Yr) _____
Your Title	To (M/Yr) _____
Supervisor	Total (M/Yr) _____
Supervisor's Title	Last Salary _____
Phone Number	Reason for Leaving _____
Principal Duties and Responsibilities	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		<u>Length of Employment</u>	
Address		From (M/Yr) _____	
Your Title		To (M/Yr) _____	
Supervisor	Supervisor's Title	Total (M/Yr) _____	
Phone Number		Last Salary _____	
Principal Duties and Responsibilities		Reason for Leaving _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Employer		<u>Length of Employment</u>	
Address		From (M/Yr) _____	
Your Title		To (M/Yr) _____	
Supervisor	Supervisor's Title	Total (M/Yr) _____	
Phone Number		Last Salary _____	
Principal Duties and Responsibilities		Reason for Leaving _____	
		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SPECIAL SKILLS & QUALIFICATIONS - (This information must be provided if applying for position requiring these skills)	
Experience transcribing mechanically – recorded material? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Typing speed (if known): _____ WPM	
List all computer software which you can operate proficiently: _____	

Foreign Language (spoken or read with proficiency):	
<input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Foreign Language	

OTHER KNOWLEDGE, SKILLS AND ABILITIES	
Please describe any specialized training, skills or qualifications you have acquired from employment or other experiences. You may also list any professional certifications here. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)	

THIS SECTION MUST BE COMPLETEDPlease list ALL instances in which you were convicted as an ADULT for crimes (misdemeanors or felonies), Ordinanceviolations or traffic violations. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. CHECK HERE IF NOT APPLICABLE

Date	Location	Charge	Court	Disposition of Case

List any other names by which you have been known on official records:**NOTE:** A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.**REFERENCES**

Give three references (not relatives or present employer; avoid listing members of the clergy)

Name	Number of Years Known
Address	Position/Title/Profession
City/State/Zip	
Telephone Number:	

Name	Number of Years Known
Address	Position/Title/Profession
City/State/Zip	
Telephone Number:	

Name	Number of Years Known
Address	Position/Title/Profession
City/State/Zip	
Telephone Number:	

ELKHORN RECREATION DEPARTMENT

SUPPLEMENTAL APPLICATION INFORMATION

ALL APPLICANTS

Please list any supplemental training, certifications or other experience you have related to your application:

Please list extracurricular activities, hobbies or talents you have. Examples include sports, dance, gardening, photography, etc.:

Minimum Age:

Will you be 15 by June 1st of this year? Yes No

Availability for Work:

Number of hours per week you want to work: _____ (Hours vary by position.)

Please indicate the hours of the day that you are able to work in the space below:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

If you do not possess a valid driver's license, how do you plan to get to work? _____

COLLEGE APPLICANTS:

Date you plan to go back to college (if applicable): _____

College Address: _____

LIFEGUARD/AQUATICS APPLICANTS

Indicate the following certification you have received, include the year in which you received this certification as well as the certifying organization (i.e. Red Cross, YMCA, etc.).

First Aid Training

Year _____ Organization _____

Lifeguard Training Instructor

Year _____ Organization _____

CPR

Year _____ Organization _____

Water Safety Instructor

Year _____ Organization _____

Lifeguard Training

Year _____ Organization _____

Other:

Year _____ Organization _____

Note: All lifeguard/aquatics applicants will be required to present a current certificate or card for each certification indicated above before being hired for employment.

Do you meet the minimum age requirement of 16 by June 1 of this year? Yes _____ No _____