CITY OF MINERAL POINT

137 HIGH STREET, SUITE 1 MINERAL POINT, WI 53565

SEASONAL PARK DEPARTMENT EMPLOYMENT APPLICATION

NAME				
PRESENT ADDRESS				
SUMMER ADDRESS, IF DIFFERENT				
CITYS	TATE	ZIP		
HOME PHONE	CELL	PHONE		
EMAIL				
ARE YOU AT LEAST 16 YEARS OF AGE? YES (EMPLOYEES UNDER 18 ARE REQUIRED TO OBTAIN A WORK PE	NO BII			
ARE YOU PRESENTLY A FULL TIME STUDENT?	YESNO			
IF YES, CIRCLE ONE: HIGH SCHOOL	COLLEGE			
	EDUCATION			
NAME OF HIGH SCHOOL		YEAR OF	GRADUATION	
NAME OF COLLEGE				
MAJOR COURSE OF STUDY (IF APPLICABLE)				
GENERAL INFORMATION				
I WILL BE AVAILABLE FROM		то	MONTH/DAY	
WERE YOU EMPLOYED BY THE MINERAL POINT PARK DEPARTMENT LAST YEAR? YES NO				
IF YES, WHAT WAS YOUR POSITION?		-		
HOW MANY YEARS HAVE YOU WORKED FOR THE PARK DEPARTMENT				
ARE YOU AVAILABLE FOR MORNING WORK? YES NO				
ARE YOU AVAILABLE FOR AFTERNOON WORK? YES NO				
ARE YOU AVAILABLE FOR EVENING WOF	RK? YES NO	_		
WHAT DAYS ARE YOU AVAILABLE?				
WHAT HOURS ARE YOU AVAILABLE?				
MONTH/DAY DO YOU HAVE A VACATION PLANN	IED? YESNO	IF YES, WHEN?		

FIRST AID/SPECIAL TRAINING

HAVE YOU HAD ANY FIRST AID TRAINING? YES_	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		_	
	DEFEDEN	050	
	<u>REFEREN</u>		
PLEASE LIST THREE CHARACTER REFERENCES,	WHO ARE NOT RE	ELATIVES & YOU HAVE KNOWN FOR AT LEAST ONE YEAR:	
1		PHONE	
2		PHONE	
3		PHONE	
IN CASE OF EMERGENCY, NOTIFY:			
NAME ADDRESS		PHONE	
"I certify that the facts contained in this application a employed, falsified statements on this application sh	•	ete to the best of my knowledge and understand that, if dismissal.	
	ent information the	rences 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 employme 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:	
PARENT SIGNATURE (IF UNDER 18):		DATE OF APPLICATION:	