

West Allis-West Milwaukee Recreation Department

2019-2020 Fall-Winter-Spring Application for Employment

A separate application is required for before and afterschool employment



Name _____ Date _____
Last First Middle

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email Address _____ @ _____ 18 years of age or older? No Yes

Have you ever worked for the WA-WM RCS in the past? No Yes

If Yes, please specify: Position(s): _____ Location: _____

Availability - Check days and times

Check all that apply	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8:00 - Noon							
Afternoon Noon - 5:30 p.m.							
Evening 5:30 - 10:00 p.m.							

*-Indicates that applicants must have proper certification prior for employment, see below

Please check the position(s) you are applying for:

Swim Program	Youth/Adult Enrichment	Youth Sports Programs
*Swimming Instructor - WSI	Early Childhood Instructor	Program Supervisor
*Lifeguard - Must be certified	Youth Gymnastics Instructor	Coach
Locker Room Attendant	Youth/Adult Dance Instructor	Basketball Official
Pool Supervisor	Youth/Adult Exercise Instructor	Soccer Official
	Youth/Adult Enrichment Instructor	Volleyball Official
Adult Sports Programs		Flag Football Official
Basketball Official	Facility Positions	
Volleyball Official	Building/Facility Supervisor	Hallway Attendant
Softball Official	Grounds Crew Staff	
Gym/Field Supervisor	Van Driver	OTHER - Please specify below

For checked positions, please list your experience:

Are you a certified Water Safety Instructor? Yes No Certified by _____ Expiration Date _____

Are you a certified Lifeguard? Yes No Certified by _____ Expiration Date _____

EDUCATION:

School

Course of Study

Highest Grade/Level Completed

High School _____

College _____

References: (Please do not list family/friends – Accepted references are employers, teacher, coach, etc)

Relation to Applicant

And/or Previous Employer

Name

Phone

1. _____

2. _____

Employment History: (Please list your previous places of employment)

Employer

Name of Supervisor

Phone

Dates of Employment

1. _____

2. _____

Criminal Background

Have you ever pled guilty, or no contest to or been convicted of an ordinance violation (other than minor traffic violations), misdemeanor, or felony? ___Yes ___No

If yes, please explain _____

Is any criminal charge or investigation pending against you in any jurisdiction? ___Yes ___No

If yes, please explain _____

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 School District of West Allis-West Milwaukee 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 Application for Employment or any other document.

I hereby grant permission to the School District of West Allis-West Milwaukee 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 district.

I also understand that I may be required to undergo a post-conditional employment offer physical examination, which may include drug and/or alcohol tests, and hereby authorize the release of the results of such physical examination and drug and/or alcohol tests to the School District of West Allis-West Milwaukee. I understand and release the School District of West Allis-West Milwaukee from any and all liability with respect to such examinations and tests, and hold the district harmless for any decision made by the district in this respect.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance the Immigration Reform and Control Act of 1986.

I agree to conform to the rules, regulations and policies of the School District of West Allis-West Milwaukee. I fully understand and agree that filling out this Application for Employment does not obligate the district to offer me a job, nor does it obligate me to accept a job with the district.

Signed _____ Date _____

Application must be handed in yearly.

Return to WA-WM Recreation Dept., 1205 S. 70th Street, West Allis, WI 53214

For Office Use only-----

Approved _____	Received By _____	Date Received _____
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