

2010-2011 Fall-Winter-Spring Recreation Department Application for Employment

Name _____ Date _____
Last First Middle

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____

Email address _____

Have you ever worked for the WA-WM Recreation Department in the past? No Yes, Year: _____

When would you be able to work?

Check all that apply	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8:00 – Noon							
Afternoon 3:00 – 6:00 p.m.							
Evening 6:00 – 10:00 p.m.							

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

SAFE/REACH Program Site Coordinator	SAFE/REACH Program Group Leader 3:15-5:30pm		Youth Sport Official Check sport you are applying for
*Swimming Instructor-Must have WSI	Early Childhood Instructor		Basketball
*Swimming Lifeguard-Must be certified	Youth Gymnastics Instructor		Soccer
			Volleyball
Locker Room Attendant	Youth/Adult Dance Instructor		Flag Football
	Youth/Adult Exercise Instructor		
Building/Facility Supervisor	Youth/Adult Enrichment Instructor		OTHER – Please specify below

Are you a certified Water Safety Instructor? Yes No Certification _____ Expiration Date _____
 Are you a certified Lifeguard? Yes No Certification _____ Expiration Date _____

EDUCATION:

School

Course of Study

Year in School

High School _____

College _____

REFERENCES: (Please do not list relatives)

Name

Phone

Relation to Applicant

1. _____

2. _____

3. _____

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 understand that if employed, I must complete the following documents before I begin to work: Work Permit (if under age of 18 years), W-4 Certificate, Social Security Form SSA-1945(11-2004).

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

Print Name _____ *Date of Birth _____

*Social Security Number _____ Signed _____

Date _____

*This information can only be used to conduct background checks.

Application must be handed in yearly.

Return to WA-WM Recreation Dept., Parkway Center, 2930 S Root River Pkwy, West Allis, WI 53227

For Office Use only-----

Approved _____
Date _____

- Hired W-4 Card Social Security Form SSA-1945 I-9 Form Work Permit