

WA-WM Recreation Department Summer 2010 Application for Employment

Name _____ Date _____
Last First Middle

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Work Phone _____

Email Address _____

**Previous employment with our department does not guarantee a summer position.
Work hours offered may vary based on needs of the Recreation Department.**

Check all that apply:

When would you be available to work? Morning Afternoon Evening
 What days? Mon Tues Wed Thur Fri Sat Sun

Youth Sports Coordinator/Coach

- 4 & 5 Year Old T-Ball
- Soccer Softball
- Tennis Baseball

Specialty Positions

- Preschool Program Instructor
- Part Time Facilities Attendant
(Evenings and Weekends)
- Adult Fitness
- Youth Fitness
- Adult Enrichment Program: _____
- Youth Enrichment Program: _____

Sports Official/Umpire

- Youth Baseball Umpire
- Youth Softball Umpire
- Soccer Referee
- Kickball Official

Aquatics

- Pool Supervisor
- Swimming Instructor
- Lifeguard
- Locker room Attendant
Must be at least 14 years of age
- Wading Pool Guard

Irving Special Ed Camp

- Program Coordinator
- Activity Programmer
- Group Leader

Maintenance Positions

- Grounds Crew Worker
- Van Driver

SAFE Camp

- Camp Coordinator
- Full Time Group Leader
- Part Time Leader

Playground Program

- Playground Site Lead Instructor**
- Playground Site Instructor**

Please check boxes you have experience in:

- Arts and Crafts
- Poms
- Games
- Baseball/Softball
- Music/Drama
- Cooking

**These are Monday-Friday positions.
Hours may vary based on the needs of your location and programs and may consist of morning, afternoon, and evening hours.

**Application deadline for summer program employment is April 12, 2010 or until positions are filled.
If you are being considered for a summer position you will be contacted for an interview.**

Did you work for the WA-WM Recreation Department last summer? No Yes

If yes, what position did you work: _____ Where: _____

EDUCATION:

<u>School</u>	<u>Course of Study</u>	<u>Year in School</u>
High School _____		
College _____		

PROFESSIONAL REFERENCES (i.e., Teacher, Coach, Former Employer):

Name

Address

Phone

1. _____

2. _____

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 on a yearly basis.

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

For Office Use only-----

Approved _____
Date _____
Given to _____