



Holmen Park & Recreation Department EMPLOYMENT/VOLUNTEER APPLICATION

P.O. Box 158, 421 S. Main St., Holmen WI 54636
(608) 526-2152 Fax (608) 526-4357 www.holmenwi.com/holmenpr

Position(s) Applied For _____ Date _____

The Village of Holmen considers all applicants without regard to race, color, religion, creed, gender, natural origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name _____ First Name _____ Middle _____

Present Address _____ City _____ State _____ Zip _____

Permanent Address _____ City _____ State _____ Zip _____

Check Preferred Number To Call Best time to contact you _____ am / pm Email _____

Home Phone _____ Work Phone _____ Cell Phone _____

Social Security # _____ Drivers License # _____

Have you ever been employed with the Village of Holmen before? Yes No If yes, give date(s) _____

Are you employed now? Yes No May we contact you present employer? Yes No

Are you currently on "lay-off" status and subject to recall? Yes No Date available to begin work _____

Are you able to work: Full Time Part Time Temporary What is your desired salary range? _____

Do you have a CDL License? Yes No Other Certifications: _____

(Attach photocopy of certifications: Lifeguard Training, WSI, First Aid, CPR, etc.)

If you are under 18 years of age, a work permit is required. (Not required until after you are hired for a position, employer pays for work permit fee.)

How Did You Learn About Us? Advertisement Friend/Relative Employment Agency Web Site

Inquiry Other _____

EDUCATION

	Name of School	Location	Graduation Date	Course or Degree
High School				
College/University				
Other				

WORK EXPERIENCE (list experience related to the position(s) you are applying for if possible)

Start with your present or last job. Include any job-related military experience and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, natural origin, disabilities or other protected status.

Employer _____ Job Title(s) _____
 Address _____ City _____ State _____ Zip _____
 Supervisor _____ May we contact? Yes No Phone # _____
 Dates Employed (From /To) _____ Hourly Rate/Salary _____
 Reason For Leaving _____
 Work Performed _____

Employer _____ Job Title(s) _____
 Address _____ City _____ State _____ Zip _____
 Supervisor _____ May we contact? Yes No Phone # _____
 Dates Employed (From /To) _____ Hourly Rate/Salary _____
 Reason For Leaving _____
 Work Performed _____

Employer _____ Job Title(s) _____
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 Reason For Leaving _____
 Work Performed _____

PERSONAL/PROFESSIONAL REFERENCES (Do not include family members)

Name	Address	Phone #	Title/Relationship

HOURS AVAILABLE TO WORK (Exact Hours)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have transportation to and from off site programs? Yes No

RECREATION EXPERIENCE (check all that apply)

*Participated: Check the activities in which you have participated in the first column. List the highest level you participated.

*Training: Check the activities in which you have had special training and describe.

*Can Instruct/Coach: Check the activities in which you are prepared to Instruct or Coach. List age levels you can instruct/coach.

Activity	Participated (Highest Level)	Training (Describe)	Can Instruct/Coach (Level)	Can Officiate (Level)
Aerobics/Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aquatics				
Lifeguarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Log Rolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid/CPR/AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Organized Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Party Planning/Leading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	_____	_____	_____	_____

List any experience, training, or comments that would qualify you for the position, in which you are applying for.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? Yes No

I have received and read the job description and understand the activities involved. Yes No

I certify that answers given herein are true and correct and authorize investigation of all statements contained in this application for employment. I give permission to the Village of Holmen to conduct a check of criminal and/or drivers' license records, and to make inquiry of others concerning suitability to act as a Village of Holmen employee. In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Village of Holmen.

I affirm that I have read the above and that the information I have given is true and complete.

Signature of Applicant

Date