



Lancaster

WISCONSIN

Application for Employment

The following information is requested in order to help us make the best possible placement with the City of Lancaster. All portions of this application pertaining to you must be completed. The City of Lancaster does not discriminate on the basis of age, race, religion, color, sex, national origin, marital status, disability, sexual orientation or any other characteristic protected by law.

POSITION INFORMATION						
Position Applying For:						
Date of Application:						
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Hours <input type="checkbox"/> Limited Term/Temporary						
COMPLETE SECTION BELOW ONLY IF APPLYING FOR PARKS & RECREATION						
Please indicate your preference for each position you are interested in by marking 1, 2, 3, etc. next to positions below, with 1 being first choice.						
SEASONAL POSITIONS:				AQUATICS POSITIONS:		
<input type="checkbox"/> Grounds Crew <input type="checkbox"/> Streets Crew <input type="checkbox"/> Water Crew <input type="checkbox"/> Golf Shop	<input type="checkbox"/> Softball & Baseball Umpire <input type="checkbox"/> Softball Coach (Volunteer) <input type="checkbox"/> Baseball Coach (Volunteer) <input type="checkbox"/> Soccer Referee <input type="checkbox"/> Soccer Coach (Volunteer)	<input type="checkbox"/> Pool Manager <input type="checkbox"/> Assistant Pool Manager <input type="checkbox"/> Swim Team Coach <input type="checkbox"/> Lifeguard <input type="checkbox"/> Attendant				
Please indicate when you are available to be scheduled (check AM or PM). Due to the nature of the business, the more available you are the more opportunities we consider you for.						
Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM	<input type="checkbox"/> AM / <input type="checkbox"/> PM
APPLICANT INFORMATION						
Last Name:			First:		M.I.:	
Street Address:					Apartment/Unit #:	
City:			State:		ZIP:	
Phone:			Email:			
EDUCATION						
High or Middle School:			Address:			
Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If no, have you passed a High School Equivalency or GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No				
College:			Address:			
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Degree:		

College:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
Other:		Address:	
From:	To:	Did you graduate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree:
EMPLOYMENT RECORD			
Employer:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities/Duties:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Employer:		Phone:	
Address:		Supervisor:	
Job Title:		Starting Salary: \$	Ending Salary: \$
Responsibilities/Duties:			
From:	To:	Reason for Leaving:	
May we contact your previous supervisor for a reference? <input type="checkbox"/> Yes <input type="checkbox"/> No			
REFERENCE			
Full Name:		Title:	
Organization:		Phone:	
Relationship:			
DISCLAIMER AND SIGNATURE			
<p>CERTIFICATE OF APPLICANT: I hereby certify that all statements made on or in connection with this application are true, complete and correct to the best of my knowledge and belief, and I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal. I understand that employment with the City of Lancaster is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at anytime with or without cause.</p> <p>I authorize all Persons, Schools, Companies, Corporations, Municipalities, Agencies, or other Organizations to give to the City of Lancaster any information requested concerning my employment, character, experience, and qualifications and/or suitability for employment with the City of Lancaster, including a check of my motor vehicle record and criminal record for the purpose of considering my suitability for hire. I hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such information. I agree to release all parties from all claims under any laws, including civil rights information. I agree to release all parties from all claims under any laws, including civil rights laws,</p>			

arising from providing and receiving such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

I understand that the City of Lancaster is committed to maintain a drug-free workplace. The City of Lancaster may require a drug test as a part of the hiring process and may conduct post-accident, reasonable suspicion, periodic and/or random drug or alcohol testing to its employees.

Signature:

Date:

OPTIONAL: CONFIDENTIALITY

I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature:

Date: