

# Application for Employment

SPARTA PARKS AND RECREATION DEPARTMENT IS A DRUG FREE WORKPLACE



Parks and Recreation Department  
1000 E. Montgomery St.  
Sparta, WI 54656  
(608) 269-6322

**(Please Print)**

Position Applied for: _____		Date of Application: _____	
Last Name: _____		First Name: _____	Middle Initial: _____
Address: _____	City: _____	State: _____	Zip: _____
School Address (if applicable): _____			
Social Security Number: _____ - _____ - _____			
Telephone Numbers: Home: _____		E-mail Address: Summer: _____	
Cell/Work: _____		School: _____	
If you are under the age of 16, can you provide required proof of eligibility to work?		YES _____ NO _____	
Have you ever filed an application with us before?		YES _____ NO _____	
Are you currently employed?		YES _____ NO _____	
Have you ever been convicted of a felony, causing harm to another person?		YES _____ NO _____	
You must report all convictions, past and present. If it is determined they are not job related; they will not disqualify you. For more than one conviction, use blank sheets and attach to this application.			
If yes, what was your offense? _____		Date of offense _____	
Date of Conviction _____	Length of sentence _____	Length served _____	
Length of probation/parole? _____	Date of probation/parole completed _____		
If your probation/parole is/was supervised, list probation officer's name and telephone number:			
Name _____		Number _____	
Date you are available to start work? _____			

**Please check the days and times you are available to work:**

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM							
PM							
EVE							

## Employment Experience:

Start with your present or last job. Include any job-related military service assignments and volunteer activities. Exclude those activities which indicate race, color, religion, sex, national origin, age, ancestry, marital status, unfavorable discharge from the military, physical or mental disability unrelated to job requirements or any other legally protected status. Use a separate sheet of paper if you need additional space.

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

May we contact this organization? YES \_\_\_\_\_ NO \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Performed:

Reason for Leaving:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

May we contact this organization? YES \_\_\_\_\_ NO \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Performed:

Reason for Leaving:

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City : \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Dates Employed: From: \_\_\_\_\_ To: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: Starting: \_\_\_\_\_ Final: \_\_\_\_\_

May we contact this organization? YES \_\_\_\_\_ NO \_\_\_\_\_

Supervisor: \_\_\_\_\_

Work Performed:

Reason for Leaving:

**Education:**

	High School	College/University	Post Graduate
School City			
Years Completed			
Diploma, Degree, Years of Study			

**References:**

Give references, not related to you, and who are not previous employers.

Name	Address	(Area Code) Phone Number

Why are you applying to work for the Sparta Parks and Recreation Department?

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Complete the following section excluding those activities which indicate race, color, religion, sex, national origin, age, ancestry, marital status, unfavorable discharge from the military, physical or mental disability unrelated to job requirements or any other legally protected status:

Describe any specialized training or skills you have acquired which may be helpful to us in considering your application:

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Describe any leisure interests and/or extra curricular activities:

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Do you hold any special certificates that would make you uniquely qualified for this job?

(example: CPR, First Aid, WSI, NCTRC)

Please list:

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## Applicant Statement:

Each of the following items becomes part of your applications record by your signature. Be sure to understand these notes and conditions before signing.

1. I voluntarily give the City of Sparta the right to make a thorough investigation of my past employment, agree to cooperate in such investigation, and authorize all prior employers to supply such information to the full extent allowed by law.
2. If offered employment I understand that I will be required to follow the personnel policies, department rules and directives.
3. I understand that false or misleading information given in my application or interview(s) may result in disqualification or, in the event of employment, dismissal. I attest that the information provided in this application is true and correct to the best of my knowledge.
4. The Sparta Park & Recreation Department reserves the right to change its policies or otherwise alter conditions of employment without notice as the department deems appropriate.

I CERTIFY that all statements made on this application are true and correct. I understand that all information is subject to verification. I also understand that any falsification will disqualify me from employment or, if already employed, will result in dismissal. I also understand that it is my responsibility to notify the Sparta Park & Recreation Department, in writing, of any changes made to my address or my telephone number. My signature AUTHORIZES the Sparta Park & Recreation Department to secure my driving record (if the position requires driving), transcripts from educational institutions to verify credits/degrees and information needed to complete a criminal background check. It also authorizes collection of any employment related information deemed necessary from former employers or personal references.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I here by understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the employee may resign at any time and the employer may discharge employees at any time with or without a cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

Signature of applicant: \_\_\_\_\_

Date: \_\_\_\_\_

## Office Use Only:

Arrange Interview: YES \_\_\_\_\_ NO \_\_\_\_\_

Remarks (see interview form)

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Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

References Checked: YES \_\_\_\_\_ NO \_\_\_\_\_

Employed: YES \_\_\_\_\_ NO \_\_\_\_\_

Date employment: \_\_\_\_\_

Job Title: \_\_\_\_\_

Hourly Rate/Salary: \$ \_\_\_\_\_ Date: \_\_\_\_\_

Rate adjustment: \$ \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

\$ \_\_\_\_\_ Date: \_\_\_\_\_

By (Name and Title): \_\_\_\_\_

Date: \_\_\_\_\_