



APPLICATION FOR EMPLOYMENT

TOWN OF MUKWONAGO RECREATION DEPARTMENT

W320 S8315 Beulah Road, Mukwonago, WI 53149

(262) 363-7077

NAME _____ Email _____

ADDRESS _____

CITY _____ ZIP _____ PHONE _____

Have you been employed here before? _____ Yes _____ No If yes, when _____

POSITION APPLYING FOR

SELECT ONLY ONE POSITION

A separate application is required for each position applying for

_____ **Activity Instructor** (*summer employment, teach enrichment activity, etc.*)
Must be 16 years old or older

List experience related to this position:

_____ **Concession Stand Worker** (*runs concession stands during youth sports*)
Must be 15 years old or older

List experience related to this position:

_____ **Official / Referee** (*select only one*)

- | | | | | | |
|---------------------------------------|--------------------------------------|--|-----------------------------------|-------------------------------------|-------------------------------------|
| 7 th grade & up | 9 th grade & up | 7 th grade & up | 8 th grade & up | 8 th grade & up | 9 th grade & up |
| <input type="checkbox"/> Micro Soccer | <input type="checkbox"/> CYRL Soccer | <input type="checkbox"/> Baseball/Softball | <input type="checkbox"/> Football | <input type="checkbox"/> Basketball | <input type="checkbox"/> Volleyball |
| <i>Friday nights</i> | <i>Saturday mornings</i> | <i>Monday-Friday nights</i> | <i>Sunday afternoon</i> | <i>Friday nights</i> | <i>Friday nights</i> |

List experience related to this position:

EDUCATIONAL BACKGROUND

Middle School *(check grades completed)*

7th grade 8th grade Did you graduate? Yes No Still attending

Name and location of school _____

High School *(current students please check highest grade completed)*

9th grade 10th grade 11th grade 12th grade Did you graduate? Yes No

Course of study _____ Degree or diploma _____

Name and location of school _____

College

Did you graduate? Yes No

Course of study _____ Degree or diploma _____

Name and location of school _____

Vocational, or other training

Did you graduate? Yes No

Course of study _____ Degree or diploma _____

Name and location of school _____

Continuing Education Information

PREVIOUS EMPLOYMENT

Name of Company _____ Phone _____

Address _____ City/State _____

Contact Person: _____ Employed From _____ to _____

Position _____ Reason for leaving _____ Salary _____

Name of Company _____ Phone _____

Address _____ City/State _____

Contact Person: _____ Employed From _____ to _____

Position _____ Reason for leaving _____ Salary _____

Name of Company _____ Phone _____

Address _____ City/State _____

Contact Person: _____ Employed From _____ to _____

Position _____ Reason for leaving _____ Salary _____

Name of Company _____ Phone _____

Address _____ City/State _____

Contact Person: _____ Employed From _____ to _____

Position _____ Reason for leaving _____ Salary _____

I certify that all the information submitted by me on this application is true and complete, and I understand that if any false information, omissions, or misrepresentations are discovered, my application may be rejected, and if I am employed, my employment may be terminated at any time.

Applicant's Signature _____ **Date** _____