



**GREEN BAY PARKS, RECREATION & FORESTRY DEPARTMENT
APPLICATION FOR SEASONAL & PART-TIME EMPLOYMENT**

Room 510, City Hall, 100 N. Jefferson St., Green Bay, WI 54301
(920) 448-3365; TDD (920) 448-3001
FAX (920) 448-3393

AN EQUAL OPPORTUNITY EMPLOYER

For Office Use Only: Date Received: _____ By: _____ Interviewed By: _____ Interview Date: _____ Updated: _____

IMPORTANT: PLEASE PRINT OR TYPE

Please list below titles of positions applied for in order of preference (See Part-Time Job Opportunities) NOTE: Applicants selected for employment may be given a medical exam. An offer of employment is contingent upon evaluation and approval of data received via background checks and medical exam.

1.	2.		
3.	4.		
Legal Name (Include Middle Name)	Date of Birth If Under 18 Years*	Social Security Number	
Permanent Address (Include Zip Code)		Permanent Telephone Number	
Temporary Address (Include Zip Code)	E-Mail Address	Temporary Telephone Number	
Date you will be available for employment	Hours available		
Have you ever been employed by the City of Green Bay? Yes _____ No _____ If yes, when, in what position, and in what department:			
Do you possess a valid driver's license? Yes _____ No _____ State _____ Driver's License No. _____			
Highest grade or year completed in school (Circle one) 1 2 3 4 5 6 7 8 9 10 11 12	Name and Location of High School	Graduate? Yes _____ No _____	
Have you passed a high school equivalency or GED test? Yes ___ No ___	Location of Test		
Training beyond high school. College or University, Nursing, Business College, or other schools you have attended.	Circle the number of years in College or University 1 2 3 4 5 6 7 8		
COLLEGE, UNIVERSITY OR SCHOOL Name and Location	Dates Attended From To	Major Field of Study	Type of Degree if Received
Describe any education or training you have had which is not covered above, such as technical college, correspondence courses, service schools, in-service training, etc., and give dates _____			
REFERENCES: List three persons who are not related to you and who would have knowledge of your qualifications for position(s) for which you are applying. Do not repeat names of supervisors listed under "Experience".			
NAME	ADDRESS	PHONE	OCCUPATION

IMPORTANT - Application will be kept active through the current employment season. Seasons are identified as Spring/Summer and Fall/Winter.

Wisconsin Statutes prohibit anyone under age 18 from operating amusement rides or ski hill equipment. Wisconsin Statutes prohibit anyone under age 16 from working as a lifeguard.

IMPORTANT: WE NEED THE INFORMATION REQUESTED BELOW TO AID US IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION. IT IS IMPORTANT THAT THIS DATA BE **AS COMPLETE AS POSSIBLE** IN ORDER THAT YOU RECEIVE MAXIMUM CONSIDERATION. PLEASE LIST YOUR PRESENT AND PAST FULL AND PART-TIME EMPLOYMENT IN THE PAST 10 YEARS. GIVE SPECIAL ATTENTION TO EXPERIENCE RELATING TO THE JOB FOR WHICH YOU ARE APPLYING. BE SURE TO GIVE VOLUNTEER WORK AND ANY RELATED SELF-EMPLOYMENT AND MILITARY SERVICE. USE ADDITIONAL SHEETS IF NECESSARY. YOU MAY ALSO ATTACH A BRIEF RESUME TO FURTHER EXPLAIN YOUR QUALIFICATIONS.

From (Mo. & Yr.)	Title of your PRESENT position	Employer's name	Phone
To (Mo. & Yr.)	Primary duties	Address	
Total months worked		Name and title of supervisor	
Hours each week		Name and title of next higher supervisor	
Starting salary		If we contact your present employer, Yes _____ No _____ will your position be endangered?	
Present salary	No. of employees you supervised	Reason for leaving or considering change	
From (Mo. & Yr.)	Title of your previous position	Employer's name	Phone
To (Mo. & Yr.)	Primary duties	Address	
Total months worked		Name and title of supervisor	
Hours each week		Name and title of next higher supervisor	
Starting salary		Reason for leaving	
Last salary	No. of employees you supervised		
From (Mo. & Yr.)	Title of your previous position	Employer's name	Phone
To (Mo. & Yr.)	Primary duties	Address	
Total months worked		Name and title of supervisor	
Hours each week		Name and title of next higher supervisor	
Starting salary		Reason for leaving	
Last salary	No. of employees you supervised		
From (Mo. & Yr.)	Title of your previous position	Employer's name	Phone
To (Mo. & Yr.)	Primary duties	Address	
Total months worked		Name and title of supervisor	
Hours each week		Name and title of next higher supervisor	
Starting salary		Reason for leaving	
Last salary	No. of employees you supervised		
<p>I CERTIFY THAT ALL STATEMENTS ON MY APPLICATION MATERIALS ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT FALSE STATEMENTS OR OMISSIONS OF MATERIAL FACTS SHALL BE SUFFICIENT CAUSE FOR REJECTION OF THIS APPLICATION AND DISCIPLINARY ACTION IF I BECOME OR AM NOW AN EMPLOYEE OF THE CITY.</p>			
Signature of Applicant _____		Date _____	

Wisconsin Statutes prohibit a person who has been convicted of a serious child sex offense from subsequently working or volunteering in a position that requires him or her to work or interact primarily with children under 16 years of age. A violation of this provision is a Class C Felony with a fine of up to \$10,000 and/or imprisonment of up to 10 years.

CITY OF GREEN BAY BACKGROUND INFORMATION REQUEST

Legal Name	Last	First	Middle	Former
Address	Street	City	State	Zip Code
Date of Birth				

EDUCATION		
	Location	Date of Graduation
Grade School		
Middle or Junior High School		
High School		
College/Technical School		

List relatives employed by the City of Green Bay or serving as an elected or appointed official:

THIS QUESTION TO BE ANSWERED BY APPLICANTS 17 AND OVER: Do you have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? Yes No If yes, please explain:

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

I realize that during the processing of my application, my background as it relates to this job, will be investigated by the City of Green Bay. I understand that any information concerning my past will be considered in evaluating me as an applicant to the City of Green Bay and that all information obtained during this investigation is confidential. The people contacted will be advised that what they say will be held in confidence.

SIGNATURE _____ **DATE** _____

AFFIRMATIVE ACTION/EQUAL EMPLOYMENT OPPORTUNITY INFORMATION

The information requested is intended for use solely in connection with the Affirmative Action Plan of the City of Green Bay. Providing information requested within this box is voluntary. Any information provided in this area will be kept confidential as required by the Americans with Disabilities Act. Refusal to provide this information will not subject you to adverse treatment.

SEX: (Please check one) Male <input type="checkbox"/> Female <input type="checkbox"/>	AGE: (Please check one) Under 40 <input type="checkbox"/> 40 and over <input type="checkbox"/>
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ETHNIC ORIGIN: (Please check one)

A. American Indian/Alaskan Native

B. Black/African American (Not of Hispanic origin)

C. White/Caucasian/European/North African/Middle Eastern or Indian subcontinent

D. Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American

E. Asian American/Pacific Islander/Far Eastern or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa)

The Americans with Disabilities Act (ADA) defines an individual with a disability as one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment. Based on this definition, are you an individual with a disability (Please check one) Yes No