



City of Greenfield Department of Parks & Recreation

7325 W. Forest Home Ave., Room 200 | Greenfield, WI 53220 | Office Hours: (M-F) 8 AM - 5 PM
Phone (414) 329-5370 | Fax (414) 543-2369 | www.greenfieldparksrec.com

LIMITED TERM/SEASONAL EMPLOYMENT APPLICATION

The City of Greenfield will consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or disability, or any other legally protected status.

THE CITY OF GREENFIELD IS AN EQUAL OPPORTUNITY EMPLOYER.

(PRINT CLEARLY)

Position(s) Applied For _____

Date of Application _____ How did you hear about us? _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Home Phone (_____) _____ Cell Phone (_____) _____

Email Address (optional) _____ Best time to be reached Morning Afternoon Evening

AVAILABILITY

First date available to work? _____

If you are hired and are under the age of 16, you are required to provide your eligibility to work (work permit).

Please indicate the specific dates and times you are available to work.

TIME	Mon	Tue	Wed	Thr	Fri	Sat	Sun
From							
To							

PLEASE ANSWER THE FOLLOWING QUESTIONS

1.) Have you ever been employed by the City of Greenfield before? Yes No

If **yes**, give dates (start/end) _____ Department _____

2.) Do you have a valid: Driver's License? Yes No Commercial Driver's License? Yes No

If **no**, do you have reliable transportation to and from work? Yes No

3.) Have you ever been discharged, disciplined, or resigned from employment due to misconduct or poor work performance? Yes No

If **yes**, state the details _____

4.) Are you legally authorized to work in the United States? Yes No
(If you are hired, proof of identity and verification of employment will be required.)

5.) Do you have any outside responsibilities which would interfere with your ability to work the hours you have listed above? Yes No

If **yes**, state the details _____

6.) Have you ever been convicted of any felony, misdemeanor or other offense, including municipal ordinance violations but excluding minor traffic violations? Yes No

7.) Do you have any criminal, municipal, or serious traffic charges pending? Yes No

If **yes** to question 6 and/or 7, please complete the following:

Charge	Date	City & State	Fine or Sentence

Convictions or pending charges will not necessarily disqualify an applicant from employment and will only be given consideration if the offenses are substantially related to the particular job.

EDUCATION

Circle the highest grade or year of **high school** completed

9 10 11 12

Do you have a high school diploma or GED Equivalency?

Yes No

Name of High School _____

<i>Street</i>	<i>City</i>	<i>State</i>	<i>Zip</i>
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City

State

Zip

Training Beyond High School (College or University, Business College or other schools you have attended)

Name and Location	Dates Attended From	To	Graduated	Major	Degree Conferred & Year
	-		Yes No		
	-		Yes No		

EMPLOYMENT

Start with your present or last job. Please list all of your employers: If you need additional space, please continue on a separate sheet of paper. Although resumes are welcome, they may not be substituted for the information requested below.

EMPLOYER ADDRESS, CITY, STATE, ZIP	TYPE OF BUSINESS YOUR JOB TITLE
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____ MO. & YR. _____ MO. & YR. _____ RATE OF PAY BEGINNING \$ _____ PER _____ ENDING \$ _____ PER _____
	<input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME
SUPERVISOR'S NAME & PHONE NO.	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING OR CONSIDERING LEAVING:	

EMPLOYER	TYPE OF BUSINESS
ADDRESS, CITY, STATE, ZIP	YOUR JOB TITLE
YOUR DUTIES	DATES EMPLOYED FROM _____ TO _____ MO. & YR. MO. & YR.
	RATE OF PAY BEGINNING \$ _____ PER _____ ENDING \$ _____ PER _____
SUPERVISOR'S NAME & PHONE NO.	MAY WE CONTACT? <input type="checkbox"/> YES <input type="checkbox"/> NO
REASON FOR LEAVING OR CONSIDERING LEAVING:	

SPECIAL SKILLS AND QUALIFICATIONS

Summarize special job-related skills and qualifications acquired from training, employment, military, or other experience.

LIST PROFESSIONAL, TRADE BUSINESS, OR CIVIC ACTIVITIES,**CLUBS AND/OR EXTRA SCHOOL RELATED ACTIVITIES**

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status.

CURRENT CERTIFICATIONS/LICENSURE *(Please list any relevant to the position for which you have applied)*

Type (Agency)	Expiration Date	Level

PERSONAL REFERENCES Give the names of two people, not related to you, and whom we may call for a personal reference.

Name (First & Last)	Daytime Phone Number	Relationship

APPLICANT'S CERTIFICATION AND AGREEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I understand and agree that any misstatements or omissions of material fact herein subjects me to disqualification or dismissal.

I authorize the City of Greenfield to make such investigations and inquiries of my personal employment, financial and other related matters as may be necessary at arriving at an employment decision. I hereby release employers, schools, or persons from all liability in responding to inquiries in connection to my application.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with the City of Greenfield. Refusal to participate will result in the rejection of my application.

I understand that the City of Greenfield Department of Parks and Recreation will conduct a police/background check. By signing below, I grant permission for such a check and hereby forever release, discharge, and covenant not to sue any person or organization for any result of providing, obtaining, or acting upon such employment.

SIGNATURE OF APPLICANT

DATE