



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.

TRAINING AND EXPERIENCE

Read the following instructions and then complete the items below using all three numbers if applicable.

Figure "3" before those activities you can teach and/or officiate

Figure "2" before those activities which you have organized and directed or supervised

Figure "1" before those activities in which you have taken part

ARTS AND CRAFTS

- Jewelry
- Leather
- Metal
- Nature Crafts
- Painting
- Sculpture
- Sketching
- Woodworking

DANCING

- Pom Pon
- Social
- Tap
- Ballet
- Jazz
- Aerobics

SOCIAL RECREATION

- Parties
- Picnics
- Word/Board Games

DRAMATICS

- Play Writing
- Play Directing
- Puppetry
- Skits

NATURE

- Animal Husbandry
- Animals/Rehabilitation
- Astronomy
- Birds
- Conservation
- Environmental Education
- Flowers
- Forestry
- Insects
- Rocks and Minerals
- Trees and Shrubs
- Weather
- Horticulture or
Vegetation Management

MUSIC

- Instruments (list)
- _____
- _____
- _____

SPORTS

- Baseball
- Basketball
- Broomball
- Football
- Volleyball
- Gymnastics
- Horseshoes
- Hockey
- Ice Skating
- Informal Games
- Leagues/Tournaments
- Table Tennis
- Skiing
- Soccer
- Softball
- Tennis
- Tobogganing
- Track & Field
- Tubing
- Fishing
- Hunting

AQUATIC ACTIVITIES

- Diving
- Lifeguard Training
- Certificate Date _____
- Scuba Diving
- Swimming
- Water Safety Instructor
- Certificate Date _____

PARKS, LANDSCAPE AND FORESTRY MAINTENANCE

Place a "T" where you have training and an "E" where you have experience in the following areas.

- | | | |
|--|---|--|
| <input type="checkbox"/> Operating a lawn mower | <input type="checkbox"/> Planting flowers | <input type="checkbox"/> Computer drafting |
| <input type="checkbox"/> Operating a weed eater | <input type="checkbox"/> Dividing flowers | <input type="checkbox"/> Manual drafting |
| <input type="checkbox"/> Operating a chain saw | <input type="checkbox"/> Weeding flowers | <input type="checkbox"/> Surveying |
| <input type="checkbox"/> Operating a rototiller | <input type="checkbox"/> Planting shrubs or trees | <input type="checkbox"/> Reading plans |
| <input type="checkbox"/> Pulling and backing up trailer | <input type="checkbox"/> Pruning shrubs | |
| <input type="checkbox"/> Working off a ___ foot ladder | <input type="checkbox"/> Pruning trees | |
| <input type="checkbox"/> Working outdoors | | |
| <input type="checkbox"/> Driving a stick shift | | |
| <input type="checkbox"/> Driving a truck larger than a pick up | | |

MISCELLANEOUS

- Volunteer Work
- Special Populations
- Food Service
- First Aid
- Certificate Date _____
- CPR
- Certificate Date _____

LANGUAGES

- Spanish
- List Other Languages:
- _____
- _____

COMPUTER SKILLS

- Microsoft Word
- Microsoft Excel
- Microsoft Publisher
- _____
- _____
- _____

OTHER

- _____
- _____
- _____
- _____

ADDITIONAL REMARKS AND INFORMATION. Describe other experience, related hobbies, extra activities and clubs, offices held, honors, volunteer experience with children or related work, etc.

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 18 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 Female

AGE: (Please check one) Under 40 40 and over

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