



# Holmen Park & Recreation Department EMPLOYMENT/VOLUNTEER APPLICATION

P.O. Box 158, 421 S. Main St., Holmen WI 54636  
(608) 526-2152 Fax (608) 526-4357 www.holmenwi.com/holmenpr

Position(s) Applied For \_\_\_\_\_ Date \_\_\_\_\_

The Village of Holmen considers all applicants without regard to race, color, religion, creed, gender, natural origin, age, disability, marital or veteran status, or any other legally protected status.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Middle \_\_\_\_\_

Present Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Permanent Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Check Preferred Number To Call** Best time to contact you \_\_\_\_\_ am / pm Email \_\_\_\_\_

Home Phone \_\_\_\_\_  Work Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_

Social Security # \_\_\_\_\_ Drivers License # \_\_\_\_\_

Have you ever been employed with the Village of Holmen before?  Yes  No If yes, give date(s) \_\_\_\_\_

Are you employed now?  Yes  No May we contact you present employer?  Yes  No

Are you currently on "lay-off" status and subject to recall?  Yes  No Date available to begin work \_\_\_\_\_

Are you able to work:  Full Time  Part Time  Temporary What is your desired salary range? \_\_\_\_\_

Do you have a CDL License?  Yes  No Other Certifications: \_\_\_\_\_

*(Attach photocopy of certifications: Lifeguard Training, WSI, First Aid, CPR, etc.)*

If you are under 18 years of age, a work permit is required. (Not required until after you are hired for a position, employer pays for work permit fee.)

How Did You Learn About Us?  Advertisement  Friend/Relative  Employment Agency  Web Site

Inquiry  Other \_\_\_\_\_

## EDUCATION

	Name of School	Location	Graduation Date	Course or Degree
High School				
College/University				
Other				

## WORK EXPERIENCE (list experience related to the position(s) you are applying for if possible)

Start with your present or last job. Include any job-related military experience and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, natural origin, disabilities or other protected status.

Employer \_\_\_\_\_ Job Title(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_ May we contact?  Yes  No Phone # \_\_\_\_\_  
 Dates Employed (From /To) \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_  
 Work Performed \_\_\_\_\_

Employer \_\_\_\_\_ Job Title(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_ May we contact?  Yes  No Phone # \_\_\_\_\_  
 Dates Employed (From /To) \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_  
 Work Performed \_\_\_\_\_

Employer \_\_\_\_\_ Job Title(s) \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Supervisor \_\_\_\_\_ May we contact?  Yes  No Phone # \_\_\_\_\_  
 Dates Employed (From /To) \_\_\_\_\_ Hourly Rate/Salary \_\_\_\_\_  
 Reason For Leaving \_\_\_\_\_  
 Work Performed \_\_\_\_\_

**PERSONAL/PROFESSIONAL REFERENCES** (Do not include family members)

Name	Address	Phone #	Title/Relationship

**HOURS AVAILABLE TO WORK (Exact Hours)**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Do you have transportation to and from off site programs?  Yes  No

**RECREATION EXPERIENCE (check all that apply)**

\*Participated: Check the activities in which you have participated in the first column. List the highest level you participated.

\*Training: Check the activities in which you have had special training and describe.

\*Can Instruct/Coach: Check the activities in which you are prepared to Instruct or Coach. List age levels you can instruct/coach.

Activity	Participated (Highest Level)	Training (Describe)	Can Instruct/Coach (Level)	Can Officiate (Level)
Aerobics/Fitness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Arts & Crafts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aquatics				
Lifeguarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming Lessons	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swim Team	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Water Aerobics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Log Rolling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Baseball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Basketball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheerleading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Computers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
First Aid/CPR/AED	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Football	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gymnastics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hockey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Low Organized Games	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nature Activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Party Planning/Leading	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Soccer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Softball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tennis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track & Field	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Volleyball	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wrestling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Others:	_____	_____	_____	_____

List any experience, training, or comments that would qualify you for the position, in which you are applying for.

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Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? <input type="checkbox"/> Yes <input type="checkbox"/> No I have received and read the job description and understand the activities involved. <input type="checkbox"/> Yes <input type="checkbox"/> No
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I certify that answers given herein are true and correct and authorize investigation of all statements contained in this application for employment. I give permission to the Village of Holmen to conduct a check of criminal and/or drivers' license records, and to make inquiry of others concerning suitability to act as a Village of Holmen employee. In the event of employment, I understand that false and misleading information given in my application or interview(s) may result in discharge. I understand, also that I am required to abide by all rules and regulations of the Village of Holmen.

**I affirm that I have read the above and that the information I have given is true and complete.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date