

108 W. Main Street Little Chute, WI 54140

PARKS/FORESTRY/STREET DEPT. 2021 SEASONAL PART-TIME APPLICATION

If you have any questions, please feel free to call the Parks, Recreation & Forestry Department at 423-3869. **Last Name** First (legal) Name Middle **Cell Phone Number** Zip Code **Home Phone Number Address** City PERSONAL DAT License#:____ Do you possess a valid Wisconsin driver's license? ____No ___Yes If under age 18, please indicate date of birth: _____ If under age 18, can you provide required proof of your eligibility to work? No Yes Have you ever been convicted of a felony or do you currently have a felony charge pending? No Yes If yes, please attach a separate sheet giving full information. If you are currently attending high school, please list name and location of school. Name of High School: Location: Did you graduate from high school or do you possess a GED? No Yes If you are currently attending college/university/techschool, please list name and location of school. Name of College/University/TechSchool: Location: If you are currently attending college/university/techschool, please list field of study. Field of Study at College/University/TechSchool: * prefer applicant to be 18 years old by May 15th Please check position(s) you are applying for. SEASONAL PART-TIME JOBS Park/Forestry/Street Laborer *

WORK EXPERIENCE	Name of Employer		From Month/Year	To Month/Year		
	Employer's Address		Employer's Phone Number	Immediate Supervisor		
	Job Title	Duties Performed			1	
	Reason For Leaving		Ending Wage/Salary			
	Name of Employer			From Month/Year	To Month/Year	
	Employer's Address			Employer's Phone Number	Immediate Supervisor	
	Job Title	Duties Performed		<u> </u>		
	Reason For Leaving			Ending Wage/Salary		
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OTHER INFORMATION	Please list any experience, skills, or qualifications that we should consider as part of your application for employment: (Based on the position applying for, you can list school activities/sports, volunteer work, experience working with children, experience working with tools, etc.)					
REFERENCES (do not include relatives)	Name		sition/Title/Profession	Telephone Num	Telephone Number	
	Address			How many years	How many years have they known you?	
	Name Position/Title/Profession			Telephone Number		
	Name Position/Title/Profess		SILION/TILIE/PTOTESSION	·		
	Address		How many years	How many years have they known you?		
	Name Position/Title/Profession		sition/Title/Profession	Telephone Num	Telephone Number	
	Address	•		How many years	s have they known you?	
ITHORIZATION AND WAIVER	I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading, or incorrect, I may be terminated. I agree that the Village of Little Chute shall not be held liable in any respect if my employment is terminated because of false, incomplete, or misleading statements, answers, or omissions made by me in this application.					
	I hereby understand and acknowledge that the positions listed on this application are not represented positions, which means that any employment relationship with the Village is of an "at will" nature, and that the employee may resign at any time or the employer may discharge the employee at any time with or without cause.					
H	Applicant Signature:			Date:		