



108 W. Main Street  
Little Chute, WI 54140

## PARKS/RECREATION/FORESTRY/STREET DEPT. 2022 INTERNSHIP POSITION

*If you have any questions, please feel free to call the Director John McDonald at 423-3868.*

PERSONAL DATA	<i>Last</i>	<i>First</i>	<i>Middle</i>	<b>Cell Phone Number</b>	
	<b>Name:</b>				
	<i>House#</i>	<i>Street</i>	<i>City</i>	<i>Zip Code</i>	
	<b>Address:</b>				
	Do you possess a valid Wisconsin driver's license?		No	Yes	<i>License#:</i> _____
	If you are less than 18 years of age, please indicate date of birth: _____				
If you are less than 18 years of age, 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? If yes, please attach a separate sheet giving full information.				No	Yes

EDUCATION	<i>If you are currently attending high school, please list name and location of school.</i>			
	Name of High School:		Location:	
	Did you graduate from high school or do you possess a GED?		No	Yes
	<i>If you are currently attending college/university/techschool, please list name and location of school.</i>			
	Name of College/University/TechSchool:		Location:	
<i>If you are currently attending college/university/techschool, please list field of study.</i>				
Field of Study at College/University/TechSchool:				

INTERNSHIP POSITIONS AVAILABLE	<b>Please check semester position you are applying for.</b>			
	<input type="checkbox"/> <b>Spring Intern</b>			
	<input type="checkbox"/> <b>Summer Intern</b>			
	<input type="checkbox"/> <b>Fall Intern</b>			
	<input type="checkbox"/> <b>Other Experience</b>			
<b>Required number of weeks for your internship</b> _____.				

WORK EXPERIENCE	Name of Employer		From Month/Year	To Month/Year
	Employer's Address		Employer's Phone Number	Immediate Supervisor
	Job Title	Duties Performed		
	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		
	Reason For Leaving		Ending Wage/Salary	

OTHER INFORMATION	<p><b>Please list any experience, skills, or qualifications that we should consider as part of your application for internship:</b></p>
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REFERENCES (do not include relatives)	Name	Position/Title/Profession	Telephone Number
	Address		How many years have they known you?
	Name	Position/Title/Profession	Telephone Number
	Address		How many years have they known you?
	Name	Position/Title/Profession	Telephone Number
	Address		How many years have they known you?

AUTHORIZATION AND WAIVER	<p><i>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></p> <p><i>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.</i></p>
	<p><b>Applicant Signature:</b> _____ <b>Date:</b> _____</p>