

# Fon du Lac Park District's Application for Employment

Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

Address: (Street) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip) \_\_\_\_\_

Home Ph#: \_\_\_\_\_ Cell Ph#: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Classification: \_\_\_\_\_

## Departments:

Check All That Apply

Parks - Grounds & Maintenance

### Administration Center

Front Desk  Maintenance

### Kids Connection

Latchkey  Summer Camp Counselor

### Spindler Campground & Marina

Office  Grounds

### Quail Meadows Golf Course

Pro-Shop  Grounds  Starter/Marshall  Instructor

### Recreation/Sports

Softball Umpire  Referee ( soccer  basketball)

Instructor

Sport: \_\_\_\_\_

**Work Preference:**  Full Time  Part Time  Seasonal  Volunteer

**Referral Source:**  Walk-in  Employee  Relative  Advertisement

Name of Source (if applicable): \_\_\_\_\_

### Special Recreation Association

Program Leader  Program Assistant

### Fon du Lac Park Police

Police

### Fon du Lac Farm Park

Concessions  Gift Shop  Grounds

### Fon du Lac Golf Course

Club House  Grounds

Date available for work..... \_\_\_\_/\_\_\_\_/\_\_\_\_ .....Desired salary range? .....\$ \_\_\_\_\_

Have you submitted an application to the Park District before?.....  Yes  No

If yes, give date(s) and position(s)\_\_\_\_\_

Have you ever been employed by Fon du Lac Park District?..... Yes  No

If yes, give date(s) and position(s)\_\_\_\_\_

If you are under 16 and it is required, can you furnish a work permit?.....  Yes  No

If no, please explain\_\_\_\_\_

The best time to call you is..... : \_\_\_\_AM PM

Have you ever been in the US Military Service?.....  Yes  No

If yes, date entered \_\_\_\_/\_\_\_\_/\_\_\_\_ date discharged \_\_\_\_/\_\_\_\_/\_\_\_\_ rank/grade at time of discharge\_\_\_\_\_

Have you ever pled "guilty" or "no contest" to, or been convicted of a crime? .....  Yes  No

If yes, please provide date(s) and details\_\_\_\_\_

Answering "yes" to these questions does not constitute an automatic bar to employment. Factors such as date of the offense and nature of the violation, rehabilitation and position applied for will be taken into account.



**AN EQUAL OPPORTUNITY EMPLOYER**



**Employment History**

Starting with your most recent employer, assignments or volunteer activities, provide the following information.

From (Month / Year)	To (Month/Year)	Employer	Telephone #
Starting job title / final job title		Street Address	City State
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
May we contact for reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for leaving			

From (Month / Year)	To (Month/Year)	Employer	Telephone #
Starting job title / final job title		Street Address	City State
Immediate supervisor and title		Summarize the nature of work performed and job responsibilities	
May we contact for reference?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Later			
Reason for leaving			

**Educational Background**

School (Include City and State)	Number of Years Completed	Level of Completion	Course of Study
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	
		<input type="checkbox"/> GED <input type="checkbox"/> Diploma <input type="checkbox"/> Degree	

**References – not family related**

Name	Title	Relationship To Candidate	Telephone	Number of Years Known

**Skills and Qualifications**

Summarize any training, skills, licenses and or certificates that may qualify you as being able to perform job-related functions in the position for which you are applying.

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It is the policy of the Fon du Lac Park District to provide equal opportunities to all qualified employees and applicants for employment without regard to race, color, religion, sex age, national origin, ancestry, or physical or mental handicap.

I hereby certify that all statements made on or in connection with this application, including those regarding my training and experience are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application. I understand that misrepresentation or omission of facts called for its cause for dismissal.

Signature of Applicant

Date