

APPLICATION FOR EMPLOYMENT AN EQUAL OPPORTUNITY EMPLOYER

All statements made by applicants for employment on this application form will be checked for accuracy. We offer equal employment opportunities to all persons without regard to race, color, religion, age, marital or veterans' status, gender, national origin, disability/handicap, or any other legally protected status.

PERSONAL INFORMATION

| Name | | | | |
|--|--|--|--|--|
| Present Address | | | | |
| Home Phone Email: | | | | |
| Emergency Phone | | | | |
| Previous Address | | | | |
| Do you have the legal right to work in the United States? Yes No If not, why? | | | | |
| Position Applying for: | | | | |
| How soon could you report to work? | | | | |
| Type of employment Full time Part time Temporary | | | | |
| What days and hours are you available if part time? Days Hours | | | | |
| EDUCATION | | | | |
| Do you have a high school diploma or GED equivalent? Yes No | | | | |
| Name and location (city & state) of GED Testing. | | | | |
| Elementary School Attended | | | | |
| Address | | | | |
| High School Attended | | | | |

| Address | | |
|--|---|-------------------------|
| Technical School Attended | | |
| Address | | |
| Number of Years Completed | Degree Received | |
| College Attended | | |
| Address | | |
| Number of Years Completed | | |
| Have you ever applied for a job with us before? | Yes No | Date |
| Have you ever worked for us before? Yes | No | Date |
| Have you ever been discharged or requested to If yes, give circumstances | | |
| Do you have a valid WI driver's license? Yes If no, are you eligible to receive a valid Wiscons Yes No Please state any special skills, training, education position that you are applying for: | in Driver's license within sixty (60 on, or experience that would be p | pertinent to the |
| | | |
| Relevant licenses or certificates for the position | applied for and year obtained. | |
| Please state any special skills, training, educations | | nat you have for public |

Please provide any additional information, such as special skills, training, management experience, equipment operation, or qualifications you feel will be helpful to us in considering your application.

| 1. N 2. I | e minimum qualifications of this position are: Minimum age of 16 years old. Must be available April 5 th (4pm-7pm), 6 th (10am-4pm) for Youth Sports Coaching In-Service | | | | | |
|----------------------|--|--|--|--|--|--|
| 3. A 4. A 5. F | Training. 3. Ability to effectively communicate information on City of Park Falls programming to families. 4. Ability to exercise mature judgement and sound decision making. 5. Relate to people in a positive, but firm manner. 6. Safety conscious. | | | | | |
| | e you able to perform all of the aforementioned tasks? Yes No e you willing to perform all of the aforementioned tasks? Yes No | | | | | |
| Are | e you currently employed? Yes No | | | | | |
| | EMPLOYMENT EXPERIENCE | | | | | |
| volu | all employment chronologically beginning with present or most recent employment first. Include full-time, part-time, inteer and military experience. Please explain any gaps in your employment history. If necessary, print out and complete itional Employment Experience pages. | | | | | |
| 1. | Name of Employer | | | | | |
| | Address | | | | | |
| | Supervisor's Name & Title | | | | | |
| | Telephone Number | | | | | |
| | Hire Date Starting Rate of Pay | | | | | |
| | Job Title & Duties | | | | | |
| | Date Left Ending Rate of Pay | | | | | |
| | Reason for Leaving | | | | | |
| | May we contact this employer? Yes No | | | | | |
| 2. | Name of Employer | | | | | |
| | Address | | | | | |
| | Supervisor's Name & Title | | | | | |

| Telephone Number | |
|---|----------------------|
| Hire Date | Starting Rate of Pay |
| Job Title & Duties | |
| Date Left | |
| Reason for Leaving | |
| May we contact this employer? Yes No _ | |
| 3. Name of Employer | |
| Address | |
| Supervisor's Name & Title | |
| Telephone Number | |
| Hire Date | Starting Rate of Pay |
| Job Title & Duties | |
| Date Left | |
| | |
| Reason for Leaving | |
| Reason for Leaving May we contact this employer? Yes No _ | |
| | |
| May we contact this employer? Yes No _ | |
| | |
| May we contact this employer? Yes No No | |
| May we contact this employer? Yes No No | |
| May we contact this employer? Yes No | |
| May we contact this employer? Yes No No | |
| May we contact this employer? Yes No | |
| May we contact this employer? Yes No | |
| May we contact this employer? Yes No | |
| May we contact this employer? Yes No | |
| May we contact this employer? Yes No | |
| May we contact this employer? Yes No | |

JOB APPLICANT AGREEMENT AND CERTIFICATION

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of employment or discharge. I authorize the use of any information in this application to verify my statements, and I authorize the past employers, all references, and any other persons to answer all questions asked concerning my ability, character, reputation, and previous employment record. I release all such persons from any liability or damages on account of having furnished such information.

I understand that nothing contained in this employment application or in the granting of an interview is intended to create an employment contract between this employer and myself for either employment or the providing of any benefit. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the employer unless made in writing. If an employment relationship is established, I understand that I have the right to terminate my employment at any time and that the employer retains the same right.

I understand that prior to being offered employment I may be requested to take an employment examination. In the event I have a disability which will affect my ability to take the test, I will so inform the employer prior to the administration of the test so that a reasonable accommodation can be made. Requested accommodations may include accessible testing sites, modified testing conditions, and accessible testing formats. The employer reserves the right to require medical documentation concerning the need for the accommodation.

I understand that if employed, policies and rules which are issued are not conditions of employment and that the employer may revise policies or procedures, in whole or in part, at any time.

I understand that this application will be kept on active file for thirty days from the date completed, after which time I would have to reapply in accordance with established procedures of the City of Park Falls.

| Signature of Applicant | Date | |
|------------------------|------|--|
|------------------------|------|--|

The City of Park Falls is an Equal Opportunity Employer and does not discriminate against any applicant for employment on the basis of age, sex, national origin, religion, race, handicap, disability, or other protected groups under federal, state, or local laws.

TITLE: Youth Sports Instructor

Under direction of the Parks & Recreation Director and in accordance with City of Park Falls policies, a Youth Sports Instructor should be able to motivate others in the areas of self-awareness and self-confidence through coaching and supervising, be able to motivate and effectively communicate with members, parents and students, and exercise mature judgement and sound decision-making.

Duties:

- Responsible for refereeing, coaching, and/or supervising various youth sports programs.
- Create an environment that is welcoming, nurturing and genuine for all participants and their families.
- Develop rapport and maintain effective relationships with participants, families and other staff.
- Able to work with other staff members as part of a team.
- Provide a safe and welcoming environment.
- Enforce health and safety rules and maintain emergency readiness.
- Respond to emergency situations in accordance with City of Park Falls policies and procedures.
- Ensure safe storage of programmatic equipment.
- Set up and put away equipment before and after youth sports programs.
- Participation and satisfactory completion of in-service training is mandatory.
- Uphold mission, vision, and goals of the Parks & Recreation department.
 - Reports Incident reports Participant sign in/out forms
- **Daily:** Review of any announcements, policy changes or communication from Parks & Recreation Director.
- Schedule: Primary hours of scheduling will be from April October yearly. Monday-Friday programs occur between 4pm-8pm, and Saturday programs 8am-2pm, adjusting per session. Additional hours & programs will be available from November-March in a limited capacity, dependent upon indoor space availability.