



BEAVER DAM

Community Activities &
Services Department

SEASONAL EMPLOYMENT PACKET



SEASONAL EMPLOYMENT POSITION SUMMARIES

SUMMER (Jun.-Aug.)

DAY CAMP

Supervisor: Must be 18 or older. Plan, promote and supervise the camp program, as well as supervise staff, volunteers and participants.

Counselor: Must be 18 or older. Build, strengthen and lead a variety of camp activities and assist with the supervision of volunteers and participants.

SOFTBALL

Site Supervisor: Must be 18 or older with umpiring experience. Supervise the adult softball program, staff and volunteer umpires, interpret rules when needed, operate the electronic scoreboard, keep accurate written records of games and ensure participant safety. This position does not officiate the game.

TENNIS

Coordinator: Must be 18 or older. Plan, promote and develop a quality tennis program and supervise staff and participants.

Instructor: Must be 16 or older. Provide leadership and tennis instruction to participants.

WATERCRAFT RENTALS

Facility Attendant: Must be 16 or older. Open and close the facility, check-out/check-in the kayak, canoe and paddleboard rentals, perform general maintenance on equipment, provide basic instruction on equipment and collect fees.

YOUTH PROGRAMS

Supervisor: Must be 18 or older. Plan, promote and supervise youth programs, as well as supervise staff, volunteers and participants.

Leader: Must be 16 or older. Plan, promote and lead various activities and assist with the supervision of volunteers and participants.

FALL/WINTER/SPRING (Sept.-May)

ICE-SKATING/SLEDDING

Supervisor: Must be 16 or older. Open, close and supervise the facility and participants during designated hours to ensure a fun and safe recreational experience.

VOLLEYBALL

Site Supervisor: Must be 18 or older. Supervise the adult volleyball program and staff, interpret rules when needed and ensure participant safety. This position does not officiate the game.

Set-up Assistant: Must be 16 or older. Setup the volleyball standards and nets.



SEASONAL EMPLOYMENT APPLICANT INFORMATION

Name: _____

CONTACT INFORMATION

Home Information

Current College Information

Address: _____

City, State, Zip: _____

Home Phone: (____) _____

Cell Phone: (____) _____

E-mail: _____

What is the best way and time to reach you (home, cell, email, text)? _____

Are you 18 years of age or older? Yes No

SEASONAL EMPLOYMENT

Dates of employment vary and depend upon specific program needs. Applicants are employed on a seasonal basis, with employment officially terminated at the end of each season. Any individual dismissed from employment with the City of Beaver Dam Community Activities & Services Department will not be considered eligible for future employment.

POSITION(S) APPLIED FOR

Please indicate the positions you are interested in:

Summer (Jun.-Aug.)

- Day Camp Supervisor
- Day Camp Counselor
- Softball Site Supervisor
- Tennis Coordinator
- Tennis Instructor
- Watercraft Rentals Facility Attendant
- Youth Programs Supervisor
- Youth Programs Leader

Fall/Winter/Spring (Sept.-May)

- Ice-Skating/Sledding Supervisor
- Volleyball Site Supervisor
- Volleyball Set-Up Assistant

WORK AVAILABILITY

When are you available to work during the specific season(s) you indicated?

Summer (Jun.-Aug.)

What dates are you available to work? Start Date _____ End Date _____

What days & hours are you available to work? _____

Fall/Winter/Spring (Sept.-May)

What dates are you available to work? Start Date _____ End Date _____

What days & hours are you available to work? _____

TRAINING & SKILLS

List any special trainings that you have participated in that may be of interest to us (include training program name and dates).

List any relevant experience, interests and skills that you have (examples: sports, arts & crafts, music, etc.).

APPLICATION FOR EMPLOYMENT

- New applicants must complete a City of Beaver Dam Application for Employment and this form to be considered for seasonal employment.
- Applicants employed by the City of Beaver Dam Community Activities & Services Department in the last calendar year only need to submit this form to be considered for seasonal employment.
- All applicants will be considered for seasonal employment opportunities available during the current calendar year only.

APPLICANT SIGNATURE

I certify that all of the information I have provided on this form is true and complete to the best of my knowledge.

Signature _____

Date _____

APPLICATION FOR EMPLOYMENT

CITY OF BEAVER DAM

205 South Lincoln Avenue, Beaver Dam, WI 53916
Phone: (920) 887-4600

POSITION APPLIED FOR: _____ DATE: _____

PERSONAL INFORMATION

Last Name:	First Name:	MI:
Street:		
City:	State:	ZIP:
Home Phone #: ()	Business Phone #: ()	
Social Security Number:	<input type="checkbox"/> Check if you have no SS#	

EDUCATION

High School Attended:		
City/Village:	State:	
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College Attended:		
City:	State:	From (Mo/Yr): / To: /
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:	
College Attended:		
City:	State:	From (Mo/Yr): / To: /
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:	
Business/Technical School Attended:		
City:	State:	From (Mo/Yr): / To: /
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:	

SPECIAL SKILLS OR TRAINING

EMPLOYMENT HISTORY
(Begin with current or most recent employer)

From (Mo/Yr): / To: /	Annual Salary / Wages:
Position Title or Job Classification:	Supervisor's Name & Phone Number:
Duties:	Employer's Name:
	Address
	City/State/Zip
Reason for Leaving:	
May we contact your current employer/supervisor ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo/Yr): / To: /	Annual Salary / Wages:
Position Title or Job Classification:	Supervisor's Name & Phone Number:
Duties:	Employer's Name
	Address
	City/State/Zip
Reason for Leaving:	

From (Mo/Yr): / To: /	Annual Salary / Wages:
Position Title or Job Classification:	Supervisor's Name & Phone Number:
Duties:	Employer's Name
	Address
	City/State/Zip
Reason for Leaving:	

MILITARY SERVICE

Branch of Service	Served From/To(Mo/Yr)	Active or Reserve Duty	Highest Grade	Skill Specialty or Primary Duty

List special schools attended / skills acquired during military service:

List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

REFERENCES

(Avoid listing members of the Clergy)

Name:	Phone Number:
Address:	Position / Title / Profession:
Approximately how many years has this individual known you?	

Name:	Phone Number:
Address:	Position / Title / Profession:
Approximately how many years has this individual known you?	

Name:	Phone Number:
Address:	Position / Title / Profession:
Approximately how many years has this individual known you?	

SUPPLEMENTARY INFORMATION

Type of employment desired: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary
Are you now or were you ever employed by this City? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, in what position?
From (Mo/Yr): / To: / Reason for leaving:
List any relatives employed by or currently holding an appointive or elective position in the City:
Do you have a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you have a valid commercial driver's license with air brake endorsement? <input type="checkbox"/> Yes <input type="checkbox"/> No
Possession of a valid license is considered only when it relates to the duties of the position you have applied for.

Have you ever been convicted of a felony? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please attach separate sheet giving full information.

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

CERTIFICATION

All information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application, are complete, correct and true to the best of my knowledge.

I understand that if I am selected for employment, false information provided or false statements made as part of this application may be considered as cause for dismissal.

(Applicant's Signature)

(Date signed)

Under the provisions of Section 19.36, Wisconsin Statutes, I request that my identity as an applicant for employment not be revealed without my consent or until required under law.

(Applicant's Signature)

(Date signed)

FOR CITY USE ONLY

Applicant's name:

Position applied for:

Date application received:

Application reviewed by:

Date:

- Action taken:
- Application screened.
 - Ready for review as received.
 - Additional information requested:

 - Application rejected.
 - Received after deadline.
 - Failure to meet minimum requirements:

 - Application withdrawn.

Notes / comments:

Application reviewed by:

Date:

- Action taken:
- Applicant eligible for consideration
 - Additional information requested:

 - Applicant not eligible for further consideration:

Notes / comments:

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APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other basis prohibited by law.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

To help us comply with government record-keeping, reporting, and other legal requirements, please fill out the Application Data Record. This information will only be used in accordance with federal regulations. We appreciate your cooperation.

This data will be kept in a Confidential File separate from the Application for Employment.

*If you are a disabled veteran, veteran of the Vietnam Era, or have a physical or mental handicap, you are invited to volunteer this information below. Submission of information relating to disability, veteran status or disabled veteran status is voluntary. Failure to respond will have no adverse affect on you or your job status. If you do respond, the information given will be kept confidential and used in accordance with federal regulations.

(PLEASE PRINT)

Date:

Position(s) Applied For:

Referral Source: [] Advertisement [] Friend [] Relative [] Walk-In
[] Employment Agency [] Other:

Name LAST FIRST MIDDLE Phone () AREA CODE

Address NUMBER STREET CITY STATE ZIP CODE

Affirmative Action Survey

Check One: [] Male [] Female

Check one of the following

Race/Ethnic Group: [] White [] Black [] Hispanic
[] American Indian/Alaskan Native [] Asian/Pacific Islands

*COMPLETION OF THIS SECTION IS VOLUNTARY

Check if any of the following are applicable:

[] Vietnam Era Veteran [] Disabled Veteran [] Disabled Individual