

VILLAGE OF KIMBERLY

Park & Recreation Department/Street Department
426 W. Kimberly Avenue, Kimberly, WI 54136 (920) 788-7507
email: aschaefer@vokimberly.org

APPLICATION FOR SEASONAL EMPLOYMENT

Position Applying For: _____

Name: _____
Last First Middle

Address: _____
Number & Street City State Zip

Home Phone: (____) _____ Cell Phone (____) _____

Student Address/Telephone (if different) _____

Education

School presently attending _____

School attending next fall (if different) _____

College Major/Field of Study _____

Extra curricular activities _____

Previous Employment Experience

Employer	Telephone	Supervisor	Dates	Position/Pay Rate

Sunset Beach Lifeguard Applicants

Lifeguard Training Certification expiration date _____

First Aid/CPR Certification expiration date _____

Water Safety Instructor Certification expiration date _____

First date available for work: _____

Last date available for work: _____

Date

Signature

An Equal Opportunity Employer

The Village of Kimberly does not discriminate on the basis of race, creed, sex, or other designations.

**Village of Kimberly
Recruitment Information**

This form is not part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for Village employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the Village's Affirmative Action efforts. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

PLEASE PRINT OR TYPE

1. **NAME:** _____
Last First M.I.

2. **ADDRESS:** _____

3. **POSITION(S) APPLYING FOR:** _____

4. **RACIAL/ETHNIC GROUP:** How do you describe yourself in terms of the following groups?

- _____ A. **White, not of Hispanic origin:** A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.
- _____ B. **Black/African American or African:** A person having origins of any of the black racial groups of Africa. Includes Haitians and other persons of African origin from the West Indies who are not Hispanic/Latinos.
- _____ C. **American Indian or Alaska Native:** A person descending from any of the original peoples of North, South or Central America who possess ¼ degree of documented tribal descendancy or is enrolled with a federally and state recognized tribe.
- _____ D. **Asian:** A person having origins in any of the original people of the Far East, Southeast Asia, or the Indian Subcontinent.
- _____ E. **Native Hawaiian or Other Pacific Islander:** A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
- _____ F. **More Than One Race:** A person designating more than one of the racial groups above.
- _____ F. **Hispanic/Latino Ethnicity:** A person of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race. Includes persons from the Dominican Republic.
- _____ G. **Not Hispanic/Latino Ethnicity:** A person who is not of Cuban, Mexican, Puerto Rican, South/Central American, or other Spanish culture or origin, regardless of race.

5. **GENDER:** _____ Male _____ Female

6. **RECRUITMENT:** How did you hear about the job in which you are most interested (Check only one)?

- A. Village Newspaper
- B. Another Newspaper (which one: _____).
- C. Professional Journal (which one: _____).
- D. Job Interest Card
- E. Bulletin Board (where: _____).
- F. Word of mouth: _____.
- G. Internet (which website: _____).
- H. Radio (which station: _____).
- I. Village Jobline
- J. Open Position List
- K. Other (explain: _____).

7. **VETERAN STATUS:** Please check one.

- _____ A. Veteran: Branch of service: _____ and years: _____
Type of Discharge: _____
- _____ B. Active Reserves
- _____ C. None

8. **DISABILITY STATUS:** The Americans with Disabilities Act (ADA) defines an individual with a disability as "one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or who is regarded as having such an impairment." Based on this definition, are you an individual with a disability?
_____ Yes _____ No