



**Galesville Area Summer Recreation Employment Application**  
**PO Box 53 Galesville, WI 54630**



Prospective employees will receive consideration without discrimination because of race, religion, color, sex, age, national origin, handicap, or veteran status.

**Check Program Preference & Level:**

- Swim Team All Levels
- T-Ball (kindergarten & 1<sup>st</sup> grade/ boys & girls)
- Softball =  Littles     Juniors     Seniors
- Baseball =  2<sup>nd</sup> gr.     3<sup>rd</sup> gr.     4<sup>th</sup> gr.     5<sup>th</sup> gr.     6<sup>th</sup> gr.     7<sup>th</sup> gr.     8<sup>th</sup> gr.
- Umpire =  Softball     Baseball

**Date of Application:** \_\_\_\_\_

<b>Full Name (Include any previous names)</b>	
<b>Address:</b>	
<b>Home/Cell Phone:</b>	
<b>Email:</b>	

**Employment Experience (Start with your present or last job).**

Date Month/Year	Name and Address of Employer	Supervisor and phone number	Position Held	Reason for Leaving	Office use:

**Education:**

	Name/Place	Yrs. completed	Field of Study	Graduate or Degree
<b>High School:</b>				
<b>College/University:</b>				
<b>Buisness/Technical:</b>				

**References: Please list three references, unrelated to you.**

Name of Reference:	Phone Number	Years Known	Their occupation:

Do you have a valid driver's license?  Yes  No If no, how will you get to work? \_\_\_\_\_  
 Have you had First Aide training?  Yes  No Certified Date \_\_\_\_\_ Expires \_\_\_\_\_  
 Have you had CPR training?  Yes  No Certified Date \_\_\_\_\_ Expires \_\_\_\_\_  
 Are you a certified life guard?  Yes  No Certified Date \_\_\_\_\_ Expires \_\_\_\_\_

**Times available to work:**

Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

Are you planning on any major family vacations/trips or camps during the months of June and July?  
 Yes  No  
 If yes, for how long and when? \_\_\_\_\_

Other than minor traffic violations, do you have any criminal convictions or arrests?  Yes  No  
 If yes, please explain: \_\_\_\_\_

**PERMISSION FOR CRIMINAL HISTORY RECORDS CHECK:**

I, the undersigned, hereby authorize and give consent for the Galesville Area Summer Recreation to obtain information regarding myself for employment or volunteer purposes. This information may be obtained either in writing or by way of telephone in connection with application. Any person, firm or organization providing information in accordance with this authorization is released from any and all claims of liability for compliance. This information may include all or some of the following:

- ~ Employment records/Employers references
- ~ Sex offender registry check
- ~ Training/experience/educational background
- ~ Address
- ~ Criminal background checks/information
- ~ Drivers license check
- ~ Personal references

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

“I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I understand and agree that, regardless of previous employment, GASR is not obligated to hire me to a position. If hired, I understand that my employment is for no definite period and may, be terminated at any time prior to the expiration of my term, I am subject to the removal by the Board of Directors for violation of GASR policies, principles or criminal happenings unbecoming of a person involved with youth.”

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR BOARD OF DIRECTORS USE ONLY**

Arrange Interview  Yes  No

Remarks \_\_\_\_\_

Employed  Yes  No

Date of Hire: \_\_\_\_\_

Job Title \_\_\_\_\_

Rate of Pay \_\_\_\_\_

Approved at meeting date of \_\_\_\_\_ By \_\_\_\_\_

Month/Day

Signature of GASR President