



CITY OF THORP
300 W. PROSPECT STREET
THORP, WI 54771



APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

DATE OF APPLICATION: _____

Name: _____
Last First Middle

Address: _____
Street (Apt) City/State Zip

Contact Information: _____
Home Telephone Mobile Telephone Email

POSITION SOUGHT: _____

Available Start Date: _____ Desired Pay Range: _____

Are you currently employed? _____ May we contact present employer? _____

EDUCATION

	Name and Location	Graduate? - Degree?	Major/Subjects of Study
High School			
College or University			
Specialized Training			
Other Education			

Please list your areas of highest proficiency, special skills or other items that may contribute to you abilities in performing the above mentioned position.

PREVIOUS EXPERIENCE

Please list beginning from most recent

Dates Employed

Company Name

Location

Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed

Company Name

Location

Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed

Company Name

Location

Role/Title

Job notes, tasks performed and reason for leaving:

Dates Employed

Company Name

Location

Role/Title

Job notes, tasks performed and reason for leaving:

REFERENCES

1. _____
(Name) _____ (Phone) _____

(Address) _____
2. _____
(Name) _____ (Phone) _____

(Address) _____
3. _____
(Name) _____ (Phone) _____

(Address) _____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed one year. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an “*at will*” nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this “*at will*” employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by any authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date _____

2022 Thorp Aquatic Center Application Addendum

Have you worked at the Thorp Aquatic Center previously? _____ How many years? _____

Describe your previous experience working at the pool: _____

_____.

Please indicate below your current certifications, if any, and the pertinent information about them.

Certification	Course Title	Expiration Date	Certifying Agency
First Aid			
CPR			
Lifeguarding			
WSI			

Please list any specific dates you will be unavailable for work for known events at the time of application (i.e. family vacations, weddings, summer classes): _____

Please list any other events or activities that may cause conflicts with working at the pool, but specifics are not yet know. Please indicate to the best of your ability the extent of the conflict:

Example 1: Conflict: Extent of Conflict:
 Football 3 contact days in July, Fall practice starting in August

Example 2: Another job 10 hrs./week, Tuesday and Thursday afternoons

1.

2.

3.

4.

Please list your personal strengths: _____.

Please list your personal weaknesses: _____.