

**OSHKOSH AREA SCHOOL DISTRICT - DEPARTMENT OF RECREATION**  
 425 DIVISION ST., OSHKOSH, WI 54901      PHONE: (920) 424-0150

**EMPLOYMENT APPLICATION**

**FIRST DATE OF WORK** \_\_\_\_\_ (Office Use Only)

LAST NAME	FIRST NAME	MIDDLE INITIAL

**POSITIONS APPLYING FOR:** Please list in order of preference. Where did you hear about us? \_\_\_\_\_

1	4
2	5
3	6

WHY DO YOU FEEL QUALIFIED FOR ABOVE POSITION(S)? \_\_\_\_\_

DATE AVAILABLE \_\_\_\_\_ DAYS AVAILABLE: SU M T W TH F SA HOURS OF AVAILABILITY \_\_\_\_\_

HAVE YOU WORKED FOR THE SCHOOL DISTRICT BEFORE? YES  NO

IF YES, WHAT POSITION? \_\_\_\_\_ LOCATION \_\_\_\_\_

CURRENT ADDRESS \_\_\_\_\_

(City/State/Zip)

PERMANENT HOME ADDRESS \_\_\_\_\_

(City/State/Zip)

CURRENT PHONE ( ) \_\_\_\_\_ PERMANENT HOME PHONE ( ) \_\_\_\_\_  
Area Code Area Code

WORK PHONE ( ) \_\_\_\_\_ E-MAIL ADDRESS \_\_\_\_\_  
Area Code

ARE YOU 18 YEARS OF AGE? YES  NO

DO YOU HAVE ACCESS TO A CAR? (For some positions a vehicle is required.) YES  NO

**EDUCATION:**

NAME/LOCATION OF HIGH SCHOOL	YEAR IN SCHOOL	GRADUATED (YES/NO)

NAME/LOCATION OF COLLEGE	YEAR IN SCHOOL	MAJOR/MINOR	DEGREE CONFERRED (YES/NO)

**EMPLOYMENT OR VOLUNTEER EXPERIENCE:** List below your last three employers starting with the most recent first.

EMPLOYER	CITY/STATE/ZIP	SUPERVISOR/PHONE	TYPE OF WORK	DATES EMPLOYED

**PERSONAL REFERENCES:** Give names of three persons not related to you, whom you have known at least one year.

NAME	ASSOCIATION	TELEPHONE	STREET/CITY/STATE/ZIP

**CERTIFICATIONS: Please check current certifications.**

- ( ) WSI (Water Safety Instructor) Expiration Date \_\_\_\_\_
- ( ) Lifeguard Training Expiration Date \_\_\_\_\_
- ( ) CPR (PRO \_\_\_ ADULT \_\_\_ INFANT/CHILD \_\_\_ ) Expiration Date \_\_\_\_\_
- ( ) Standard First Aid Expiration Date \_\_\_\_\_
- ( ) Sports Official (Sport(s) and Level) Expiration Date \_\_\_\_\_
- ( ) Other (Please specify) \_\_\_\_\_

**ACTIVITIES CHECK LIST: On the following list, check those which you've actually organized/directed and can teach/officiate.**

**ATHLETICS**

- \_\_\_\_\_ Baseball/Softball
- \_\_\_\_\_ Basketball
- \_\_\_\_\_ Football
- \_\_\_\_\_ Golf
- \_\_\_\_\_ Gymnastics
- \_\_\_\_\_ Hockey
- \_\_\_\_\_ Ice Skating
- \_\_\_\_\_ Soccer
- \_\_\_\_\_ Swimming
- \_\_\_\_\_ Tennis
- \_\_\_\_\_ Track
- \_\_\_\_\_ Volleyball
- \_\_\_\_\_ Wrestling

**DANCING**

- \_\_\_\_\_ Modern
- \_\_\_\_\_ Square
- \_\_\_\_\_ Tap
- \_\_\_\_\_ Social

**EXERCISE**

- \_\_\_\_\_ Floor
- \_\_\_\_\_ Step
- \_\_\_\_\_ Water

**CHILDREN'S ACTIVITIES**

- \_\_\_\_\_ Arts/Crafts
- \_\_\_\_\_ Circle Games
- \_\_\_\_\_ Relay Games
- \_\_\_\_\_ Singing Games
- \_\_\_\_\_ Tag Games

**OUTDOOR ACTIVITIES/OTHER**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Have you ever been convicted of any felony, misdemeanor or other offense, (other than minor traffic violations), or do you have such a charge pending?  
 \_\_\_\_\_ No \_\_\_\_\_ Yes (If yes, please attach a document, which will be incorporated into this application, that describes the facts of such a conviction/charge. This attachment will assist the district, if necessary, in determining if the conviction/charge substantially relates to the position for which you are applying.)

It is the policy of this District that no close relative of an employee shall be appointed to any position of conflicting interest with the position held by such close relative. (Section 525). If you are related to a District employee, please indicate the following:

<u>EMPLOYEE'S NAME</u>	<u>POSITION</u>	<u>RELATIONSHIP TO EMPLOYEE</u>
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**CERTIFICATION STATEMENTS:**

**MY SIGNATURE BELOW CERTIFIES** that the above information is true and accurate to the best of my knowledge. If employed by this School District, I understand that any misrepresentation of factual information contained herein may be cause for dismissal.

**MY SIGNATURE BELOW AUTHORIZES** the Oshkosh Area School District to process my application for employment by checking references with former employers, schools, colleges, individuals and law enforcement agencies.

**MY SIGNATURE BELOW RELEASES** the Oshkosh Area School District, its employees, and representatives, from all liability for any damage whatsoever incurred in obtaining information from references or in further disseminating such information.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

*It is the policy of the Oshkosh Area School District, pursuant to applicable State and Federal law, along with exceptions and defenses as defined by law, that no person shall be subject to discrimination on the basis of sex, race, national origin, ancestry, creed, pregnancy, marital or parental status, sexual orientation, arrest or conviction record, age or physical, mental, emotional or learning disability in its educational programs and in employment.*