



EMPLOYMENT APPLICATION LUNDA COMMUNITY CENTER

405 Hwy 54
Black River Falls, WI 54615
715.670.0790

Please print legibly in ink. You must complete the entire application.

Date: ___/___/___

APPLICANT INFORMATION

Name (first, middle, last)	Daytime Telephone ()
Address (Street, city, state, zip code)	Evening Telephone ()
Email Address:	
Please list any other names under which you have worked or attended school.	Mobile Telephone ()
Date of birth ___/___/___ If under 18, your employment will be subject to verification that you meet state/federal minimum age requirements for the type of work applying for and have obtained a valid work permit.	
Have you ever been convicted or have charges pending of a crime (felony or misdemeanor)? <input type="radio"/> Yes <input type="radio"/> No If yes, please explain 1) nature of the crime 2) date of conviction, and 3) state in which convicted. Convictions are not an automatic bar to employment. However, failure to provide complete and accurate information relating to criminal convictions will result in immediate termination. We conduct criminal record checks on all employees. Employment is contingent upon the results of the criminal record check. <hr/> <hr/> <hr/> <hr/>	

POSITION APPLYING FOR

Please check all departments you would like to be considered for.

- Aquatics
- Child Watch
- Rock Climbing Wall
- Front Desk
- Janitorial/Maintenance

Specific position(s) applying for _____



Availability: Please indicate all that apply

_____ Part-time _____ Full-time

When can you start? _____/_____/_____ Are you interested in volunteer work? _____ yes _____ no

EDUCATIONAL BACKGROUND

Type of School	Name and Address	Circle Last Year Completed	Graduated (Y/N)	Diploma, Degree Course of Study
High School		8, 9, 10, 11, 12		
College		1, 2, 3, 4, 5		
Post Graduate		1, 2, 3, 4, 5		
Business/Technical		Months Attended:		

WORK HISTORY

Are you currently employed? _____ Yes _____ No

If yes, list your work schedule:

May we contact your current and past employer for reference purposes? _____ Yes _____ No

Name of Employer

Address	Telephone Number ()
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Name of Immediate Supervisor	
Job Title	Employment Dates (month/year)
Description of Duties	
From	To
Salary (Start)	Salary (End)

Name of Employer

Address	Telephone Number ()
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Name of Immediate Supervisor	
Job Title	Employment Dates (month/year)
Description of Duties	
From	To
Salary (Start)	Salary (End)

Name of Employer

Address	Telephone Number ()
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Name of Immediate Supervisor



Job Title	Employment Dates (month/year) From To
Description of Duties	
Salary (Start)	Salary (End)

REFERENCES

(List individuals familiar with your job qualifications. Please include one family member/relative).

Name	How long known?
Address	Daytime Telephone ()
	Evening Telephone ()
Relationship	
Name	How long known?
Address	Daytime Telephone ()
	Evening Telephone ()
Relationship	
Name	How long known?
Address	Daytime Telephone ()
	Evening Telephone ()
Relationship	

OTHER QUALIFYING FACTORS

Certifications: (Proof of certification may be required prior to employment)	Date Received	Expiration Date

If relevant, please describe word processing speed, software knowledge and office equipment experience.

Briefly describe what makes you feel qualified to fill the desired position.

AVAILABILITY (List general days and times of your availability for work)

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							



Please read carefully before signing this application.

The Lunda Community Center appreciates your willingness to share your skills. Providing safe and secure programs for our members is of utmost importance to us. The information gathered in this application is designed to help us provide the highest quality programs for the people of our community. Please read the statements below carefully before signing.

1. All information contained in the application is true and correct to the best of my knowledge and belief. I understand that misrepresentations or omissions of any kind may result in denial of employment or be cause for subsequent dismissal if I am hired.
2. I understand that I can withdraw from the application process at any time.
3. I authorize the Lunda Community Center to investigate and verify any and all information provided on this employment application. Such information and verification whether favorable or unfavorable may be provided by present or former employers or any individual familiar with my employment background or me. I voluntarily and knowingly fully release and hold harmless any person or organization that provides information pertaining to my employment or me.
4. Regardless of whether or not I become employed by the Lunda Community Center, I recognize that this application is not and should not be considered a contract of employment. I understand that employment at the Lunda Community Center is on an at-will basis and that my employment may be terminated with or without cause, and without notice, at any time, at my option or the Lunda Community Center's unless specifically provided otherwise.
5. This application for employment shall be considered active for a period not to exceed 90 days.

My signature indicates that I have read and understand the above statements.

Signature _____ Date ____/____/____