



## **City of De Pere Part-Time Employment Opportunities Assistant & Substitute Youth Activities Instructors**

### **Job Duties**

Assist instruct a variety of pre-school age recreation programs, such as Learning Tree Adventures, Tumblebees, Tiny Tumblers, etc. Classes range in age from 1 ½ – 5 years. Formal education not required, but previous teaching experience and experience working with young children a plus. Applicant may choose to assistant teach all or some of the different recreation programs offered.

Applicant should have:

- energy, enthusiasm, patience and resourcefulness
- creative and artistic qualities
- knowledge of games, music, books & crafts appropriate for youth, ages 2-5
- basic knowledge of tumbling skills and movement
- ability to work well with children

### **Hours**

One – four days per week; 6 - 12 week sessions; primarily mornings; classes range from 45 minutes – 1 ½ hours in length. All classes are held at the De Pere Community Center, 600 Grant Street, De Pere. All supplies and play equipment provided.

### **Pay Range**

Assistant Instructor \$8.50 per hour. There are no other benefits associated with this position.

### **Residency**

You do not have to be a resident of the City of De Pere to apply for this position.

### **How To Apply**

Applicants must complete our employment application packet.

Please print the form, complete it in its entirety (application and background inquiry form) and forward it to Paula Rahn. Your completed application can be mailed or dropped off at the address listed below. Office hours are 8:00 to 4:30 p.m. during the weekday; applications cannot be dropped off on weekends or holidays. Resumes will not be accepted in lieu of a completed application.

If you have any questions, please contact Paula Rahn at 920-339-4072 ext 2225 or email at [prahn@mail.de-pere.org](mailto:prahn@mail.de-pere.org).

**Application Deadline: until filled**

**Equal Opportunity Employer**

# City Of De Pere



## Parks, Recreation & Forestry, and Public Works – Application Packet

The City of De Pere does not discriminate on the basis of any class identified in Section 111.31, Wis. Stats.

Position Applied For	Where To Return Your Application	Office Hours/Telephone Number
Maintenance & Engineering Positions	Municipal Service Center (MSC) 925 S. Sixth Street De Pere, WI 54115	7:30 a.m. – 4:00 p.m., M-F Excluding weekends and holidays 920/339-4065
All Other Positions	Community Center 600 Grant Street De Pere, WI 54115	8:00 a.m. – 4:30 p.m., M-F Excluding weekends and holidays 920/339-4097

In order of preference, please list the titles of the positions that you are applying for:

#1 \_\_\_\_\_

#2 \_\_\_\_\_

Name \_\_\_\_\_  
First Middle Last

Daytime Telephone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Include Area Code Include Area Code

School Address \_\_\_\_\_  
Street City State Zip

Home Address \_\_\_\_\_  
Street City State Zip

E-mail address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ (The City has age minimums for certain positions.)

Indicate dates you are available for interviews: \_\_\_\_\_

Are you currently available for employment? \_\_\_\_\_

Are there any times/dates that you will not be able to work? \_\_\_\_\_

Do you possess a valid driver's license: \_\_\_\_\_ Yes \_\_\_\_\_ No

State: \_\_\_\_\_ License Number: \_\_\_\_\_

h:\philli\applications\2013.parks and public works application.docx

Please complete the following if you are applying for an activity instructor. Preceding each list of activities, place an (x) on those in which you have taken part; (xx) on those you have organized or directed; and (xxx) on those you are prepared to teach and/or officiate.

<input type="checkbox"/> Acrobatics	<input type="checkbox"/> Volleyball	<input type="checkbox"/> Aerobics
<input type="checkbox"/> Gymnastics	<input type="checkbox"/> Ice Skating	<input type="checkbox"/> Dancing
<input type="checkbox"/> Track and Field	<input type="checkbox"/> Games	<input type="checkbox"/> Nature Activities
<input type="checkbox"/> Band Activities	<input type="checkbox"/> Social Recreation	<input type="checkbox"/> Social Recreation
<input type="checkbox"/> Baseball	<input type="checkbox"/> Imaginative Play & Drama	<input type="checkbox"/> Table Games
<input type="checkbox"/> Softball	<input type="checkbox"/> Tournaments	<input type="checkbox"/> Basketball
<input type="checkbox"/> Golf	<input type="checkbox"/> Touch Football	<input type="checkbox"/> Athletic Leagues
<input type="checkbox"/> Tennis	<input type="checkbox"/> Art Activities	

#### For Lifeguard & Swimming Instructor Positions Only

Do you have certificates for the following American Red Cross courses? If you answer yes, please attach copies of these certificates with this application. If you are currently taking the courses, please indicate the estimated dates of completion.

	Yes	No	Estimated Date of Completion
Water Safety Instructor (WSI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Lifeguard Training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
Community First Aid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>
CPR for the Professional Rescuer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="text"/>

Do you have experience in swimming instruction, guarding and management: ☐ Yes ☐ No

#### EDUCATION

Did you graduate from high school? ☐ Yes ☐ No

If you are currently attending high school, what grade are you in:

Higher Educational Institution Name, Location and Dates Attended	Major Field	Did You Graduate? (Yes/No)	Degree Received (Masters, Bachelors, Associate, etc.)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Please list any certifications you have in relation to the position you are applying for:

**EMPLOYMENT**

Please list in chronological order your employment history starting with your most recent job. You may include military assignments, volunteer activities, internships, etc. You may attach additional sheets if necessary.

Employer:	Telephone #:	
Address:	Dates Employed: From                  To	Hours Per Week
Starting Position Held:	Hourly Rate/Starting Salary:	
Final Position Held:	Hourly Rate/Final Salary:	
Immediate Supervisor and number where they can be reached:	May we contact this person: _____ Yes _____ No	
Reason for leaving:	Were you involuntarily discharged: _____ Yes _____ No	
List duties and responsibilities. 1. 2. 3. 4. 5. 6.		

Employer:	Telephone #:	
Address:	Dates Employed: From                  To	Hours Per Week
Starting Position Held:	Hourly Rate/Starting Salary:	
Final Position Held:	Hourly Rate/Final Salary:	
Immediate Supervisor and number where they can be reached:	May we contact this person: _____ Yes _____ No	
Reason for leaving:	Were you involuntarily discharged: _____ Yes _____ No	
List duties and responsibilities. 1. 2. 3. 4. 5. 6.		

Employer:	Telephone #:	
Address:	Dates Employed: From                  To	Hours Per Week
Starting Position Held:	Hourly Rate/Starting Salary:	
Final Position Held:	Hourly Rate/Final Salary:	
Immediate Supervisor and number where they can be reached:	May we contact this person: _____ Yes _____ No	
Reason for leaving:	Were you involuntarily discharged: _____ Yes _____ No	
List duties and responsibilities. 1. 2. 3. 4. 5. 6.		

Employer:	Telephone #:	
Address:	Dates Employed: From                  To	Hours Per Week
Starting Position Held:	Hourly Rate/Starting Salary:	
Final Position Held:	Hourly Rate/Final Salary:	
Immediate Supervisor and number where they can be reached:	May we contact this person: _____ Yes _____ No	
Reason for leaving:	Were you involuntarily discharged: _____ Yes _____ No	
List duties and responsibilities. 1. 2. 3. 4. 5. 6.		

**IN CASE OF ACCIDENT OR EMERGENCY – CONTACT NAME**

Name \_\_\_\_\_ Telephone No: \_\_\_\_\_

Address \_\_\_\_\_

## CRIMINAL HISTORY

Have you ever been convicted of a crime, including traffic tickets? YES ☐

NO ☐

If yes, list ALL convictions that you were charged as an ADULT, including traffic tickets and any charges pending in any court of law (federal, state, municipal court, military tribunal). Information provided in response to this question does not constitute an automatic bar to employment. The circumstances of each case will be evaluated in accordance with Section 111.32, Wis. Stats. Any information found to be false, incomplete, or misrepresented in any respect will be sufficient cause to cancel further consideration of your application, and may result in your discharge from employment, whenever it is discovered. Attach additional page(s) if necessary.

Date	Charge	Place	Court/Tribunal	Action Taken

## APPLICANT'S STATEMENT - PLEASE READ CAREFULLY

I certify that all the information I have provided in order to apply for and secure work with the City of De Pere (City) is true, complete and correct. I understand that any information provided by me that is found to be false, incomplete or misrepresented in any respect will be sufficient cause to cancel further consideration of this application and may result in my discharge from the employer's service, whenever it is discovered.

I understand that consideration for employment with the City is contingent upon the results of reference and background checks. I authorize City personnel to investigate all information provided by me on my application for employment. I understand that this information will be used to evaluate my qualifications and suitability for City employment and to verify the correctness and completeness of the information provided by me.

I further understand that the reference and background checks necessitate contacting present and past employers and any listed references or other individuals, who can verify information. I authorize any party to release any information they may have about me to the City, including all of my personnel records. I understand that the people contacted will be advised that what they say will be held in confidence.

To the extent permitted by law, I hereby release from any and all liability the City, its offices, officials and all City employees and agents for acts performed in connection with evaluating my applications, background, credentials and qualifications.

I understand that the City does not unlawfully discriminate in employment and no question on this application is used for the purpose of limited or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all term of the foregoing Applicant Statement.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Updated: April 2013

**PLEASE COMPLETE THE FOLLOWING INFORMATION  
AND RETURN IT WITH YOUR APPLICATION:**

Any information provided is voluntary and will be kept confidential. Refusal to provide this information will not subject you to adverse treatment.

**NAME:**

(Last)

(First)

(Middle Initial)

**ADDRESS:**

(Street)

(Apt #)

(City)

(State)

(Zip)

---

**AFFIRMATIVE ACTION/EQUAL OPPORTUNITY INFORMATION**

**Please complete the following by checking the appropriate boxes:**

**SEX:**      ☐ Male    ☐ Female

**AGE:**      ☐ 40 and Over    ☐ Under 40

**ETHNIC ORIGIN:** (Please check one)

- ☐ American Indian/Alaskan Native
- ☐ Asian American/Far Eastern or Southeastern Asian (i.e., China, Japan, Korea, Philippine Islands, Samoa), Hmong
- ☐ Black/African American (not of Hispanic origin)
- ☐ Hispanic/Latino/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- ☐ Native Hawaiian or other Pacific Islander
- ☐ White/Caucasian/European/North African/Middle Eastern or Indian Subcontinent
- ☐ More than one race. (A person designating more than one of the racial groups above.)

**VETERAN:** Are you a veteran?      ☐ Yes      ☐ No

**Where did you hear of this position? Please specify;**

☐ City of De Pere Website

☐ Referral

☐ Newspaper

☐ Online search

☐ Other

## City Of De Pere Background Inquiry

If we cannot read your information, or the information is incomplete, your form will be returned to you.

The following information is required to enable the City of De Pere to make inquiries to appropriate government agencies regarding possible criminal records or pending criminal charges, which pursuant to Section 111.31, Wis. Stats., may substantially relate to the position being sought. Any criminal record information obtained by the City will be used only in accordance with applicable law.

Full Name:

Last

First

Middle

Previous/Maiden Name (s):

Date of birth:

Month

Day

Year

Sex (circle):

Male

Female

Race (circle):

Native American

African-American

Asian

Hispanic

Caucasian

Place of birth (city/state):

Social Security Number:

Driver's License Number/State:

Current mailing address:

In chronological order, please list all of the cities/states that you have resided in. Attach additional sheets if necessary.

City/State	Date From	Date To

**Acknowledgment:** The above information is true and complete to the best of my knowledge.

Date

Signature