



AVAILABILITY FORM

RETURN TO: Attn: _____
Department of Recreation and Community Services
5225 W. Vliet Street, Room 163 – Milwaukee, WI 53208

Returning MPS Employee

ID # _____

CHECK ALL YOU ARE INTERESTED IN: YEAR: 202

Spring Summer Fall Winter

<input type="checkbox"/> Active Older Adults	<input type="checkbox"/> Before & After School Child Care	<input type="checkbox"/> Midnight League	<input type="checkbox"/> Summer Recreation Enrichment Camps
<input type="checkbox"/> Adaptive Athletics	<input type="checkbox"/> Community Centers	<input type="checkbox"/> Mobile Units	<input type="checkbox"/> Therapeutic Recreation
<input type="checkbox"/> Adult Enrichment (Instructor)	<input type="checkbox"/> Driver Education	<input type="checkbox"/> Outdoor Education	<input type="checkbox"/> Twilight Centers
<input type="checkbox"/> Adult Sports	<input type="checkbox"/> Elementary Sports	<input type="checkbox"/> Playgrounds	<input type="checkbox"/> Wellness
<input type="checkbox"/> Aquatics	<input type="checkbox"/> Middle School Sports	<input type="checkbox"/> Special Olympics	<input type="checkbox"/> Youth Enrichment (Instructor)

INSTRUCTIONS: Print answers in INK. Date and sign the application below.

TELEPHONE #S:

Last Name:	First Name:	MI:	Cell / Mobile Phone:
Former Names Used:			Home:
Address:	City / State:	Zip:	Work / Business:
Email: _____ @ _____			

CONTACT INFO UPDATES SINCE LAST SEASON?:

MAILING ADDRESS (since last season)? TELEPHONE #? Which One(s): Cell Home Work

CHECK ONE

Sex: Male Female Other **Marital Status:** Divorced Married Single
Ethnicity: American Indian African American Asian Hispanic White Other

EMERGENCY CONTACT

Full Name _____ Relationship _____
Address/City/Zip _____ Phone (Primary) _____ Phone (Other) _____

DAYS AND TIMES AVAILABLE:

EARLIEST DATE AVAILABLE TO START: _____

DAY:	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
MORNING HOURS:	_____	_____	_____	_____	_____	_____	_____
AFTERNOON HOURS:	_____	_____	_____	_____	_____	_____	_____
EVENING HOURS:	_____	_____	_____	_____	_____	_____	_____

PREVIOUS MPS DEPARTMENT OF RECREATION POSITION(S): (Please list most recent first)

LOCATION: _____ YEAR: _____ POSITION: _____
LOCATION: _____ YEAR: _____ POSITION: _____

Yes No Are you related (by blood or marriage) to a current MPS part-time, or full-time recreation employee? (This includes guardianships as well as legal adoptions.) If yes, list individual name(s), relationship & work location(s).

Yes No Are you a student? School _____ Year _____ Major _____

SKILLS / ABILITIES: (Please list any New Skills you could instruct or trainings you have had since your last assignment)

CERTIFICATIONS: (Please check (✓) those that apply)

CPR (Cardiopulmonary Resuscitation) First Aid Lifeguard Training Water Safety Instruction
Expiration Date : ____/____/____ Expiration Date : ____/____/____ Expiration Date : ____/____/____ Expiration Date : ____/____/____

MILWAUKEE PUBLIC SCHOOLS IS REQUIRED TO UPDATE CRIMINAL BACKGROUND RECORDS ON EACH EMPLOYEE.

NOTE: Convictions and pending charges are not an automatic bar to employment, but are reviewed in relation to the job for which you applied.

I certify that all statements made on this application are true, complete, accurate and not misleading to the best of my knowledge. I understand that any false or incomplete statements or misrepresentations may subject me to disqualification or dismissal. I further understand that after I am hired and during my employment, I am responsible for notifying the Director of Recreation or his/her designee of any convictions or pending charges involving criminal offenses, including felonies, misdemeanors and ordinance violations.

APPLICANT SIGNATURE _____

DATE _____

NOTE: FILLING OUT THIS AVAILABILITY DOES NOT GUARANTEE AN ASSIGNMENT!