

Interest Areas:

Please circle your interest in the following age groups:

Pre-school Elementary School Middle School High School Adult Senior

Please circle your interest in the following activities:

Aquatics Art Camps Crafts Dance Drama Fitness Games
Hobbies (list) Music Playgrounds Special Events Sports Instruction Sports Official(Indicate Sport) _____
Other: (list) _____

Availability:

When can you start work? _____ What hours are you available? _____

What days of the week are you available? _____

Can you perform all the duties of the position you seek?

____ without accommodation
____ with accommodation

WORK-STUDY: Are you eligible for Work-Study through your college or university? Yes _____ No _____

CURRENT CERTIFICATIONS (Indicate expiration date)

HEALTH: First Aid _____ CPR _____ Other _____

SWIMMING/AQUATICS: Lifeguard Training _____ WSI _____ Other _____

SPORTS: _____

TEACHING: _____

OTHER: _____

HAVE YOU EVER WORKED FOR MSCR? _____ YES _____ NO **IF YES, WHAT PROGRAM/SUPERVISOR** _____

DATES WORKED FOR MSCR _____ **REASON FOR LEAVING** _____

HAVE YOU EVER BEEN FIRED FROM MSCR OR MMSD? _____ YES _____ NO **PROGRAM OR SCHOOL** _____

With respect to employment and personnel operations, the Madison Metropolitan School District (MMSD) and Madison School & Community Recreation (MSCR) do not discriminate on the basis of religion, race, creed, color, national origin, ancestry, age, sex, physical appearance, marital status, disability, arrest or conviction record, membership in the national guard, state defense force, or any reserve component of the military forces of the United States or this state, political belief, sexual orientation, less than honorable discharge, source of income or fact that the individual is a student.

I certify that the answers given by me to the foregoing questions and/or statements are complete, true, and correct to the best of my knowledge and without misrepresentation or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission from or on this Employment Application, or any other document, may be used to deny me employment, or if employed, used for discipline, including termination from employment. I understand that the MMSD or MSCR shall not be held liable in any respect if my employment is terminated because of false or incomplete statements, answers or omissions made by me on the Employment Application or any other document. I authorize MSCR to make any investigation of my employment history and any other information related to my suitability for employment and authorizes any employment reference(s) to disclose to MSCR any such information they may have regarding me. In consideration of MSCR's review of the application, I hereby release MSCR, its Board, and its agents, as well as all providers of information, from any liability and for any damage, which may result from the furnishing, and receiving of this information. A copy of this authorization and release is as valid as the original and should be recognized as such.

Signature of Applicant

DATE



**PROGRAM EMPLOYMENT
SUPPLEMENTAL APPLICATION**

Name _____

Date: _____

- 1) If you are applying for more than one position, please rank them in order of preference:
 - #1 choice (position title) _____
 - #2 choice (position title) _____
 - #3 choice (position title) _____
- 2) Please describe in **DETAIL** your experience working with youth programming (include age groups): (Use back if necessary).
- 3) Explain your experience planning and leading activities-give specific examples:
- 4) What is your experience working with youth that have special needs (physical, emotional or mental)?
- 5) Describe your experience working with diverse populations (economic, ethnicity).
- 6) What is your preference for age groups to work with? (Rank 1=first choice, 2=second choice)
 _____ Elementary (K-2) _____ Elementary (3-5) _____ Middle School _____ High School _____ Adult
- 7) Depending on grade level and site, after-school programs can start as early 12:30pm on Mondays and 2:00pm Tuesday-Friday and end between 4:15 and 6:00pm. Please indicate below the hours you are available each weekday during the program hours listed.

	Monday	Tuesday	Wednesday	Thursday	Friday
Hours Available (example)	12:00-5:30p	Not available	3:00-6:00p	3:00-6:00p	Not available
Hours Available					

- 8) What is the maximum number of days you wish to work per week? _____ Minimum number? _____
- 9) What is the earliest date you can start? _____
- 10) Are you bi-lingual? _____ YES/NO If yes, list language(s) _____
 Proficiency Level: _____ Basic _____ Intermediate _____ Fluent
- 11) Any other unique hobbies or skills you have that would add to your qualifications: (Use back if necessary)
- 12) How will you be getting to your work site? _____ Car _____ Bus _____ Walk _____ Bike _____ Other
- 13) Is location a consideration for us when placing you? _____
 If yes, what side(s) of town would you prefer? _____ East _____ West _____ North _____ South

Please Note: You will be contacted by an MSCR staff person if chosen for an interview; otherwise you will NOT receive a confirmation that we have received this application.