

(920) 788-7740 Voice (920) 788-7742 Fax 405 Wallace Street Combined Locks WI 54113 www.combinedlocks.org

APPLICATION FOR SEASONAL EMPLOYMENT

(Please Print)

NAME	EMAIL ADDRESS					
ADDRESS						
CITY			ZIP CODE			
HOME PHONE		_ CE	LL PHONE			
Do you hold a Wisconsin	driver's license?	YES		NO		
If under 18 years old, ple	ease provide date of b	irth				
Please check the position(s) app Street Department Labor	, ,	s old or older				
Have you previously worked for the Village of Combined Locks? Are you employed now?			S	NO NO NO		
Current Employer and Telephone (Please enter if 'yes' to may we contact)	Number					
On what date are you available for	or work?					
Emergency contact person and to	elephone number					
EDUCATION School presently attending						
School attending next fall (if different from above)						
College Major/Field of Study						
Extra-curricular Activities						
Signature				Date		