

SUMMER LABORER POSITIONS SUPPLEMENTAL INFORMATION

NAME _____ **DATE** _____

1. Please rank each department in the order which you are most interested in working. Use the ranking scale of numbers 1-5, starting with the number 1 as your first choice.

_____ HIGHWAY

_____ PARKS

_____ WATER

_____ WASTEWATER POLLUTION CONTROL CENTER (WPCC)

_____ MAINTENANCE

_____ NO PREFERENCE

2. Were you referred for this employment by someone?

YES By Whom: _____ Relationship: _____
NO

3. Will you be at least age 18, on or before your first day of work with the City? _____ YES _____ NO

4. Are you able to lift at least 60 lbs? _____ YES _____ NO

5. Do you maintain a valid Wisconsin driver's license? _____ YES _____ NO

6. What date are you available to start work? _____

7. Have you ever worked with the City of Brookfield in the position of Summer Laborer? _____ YES _____ NO
If YES, When _____ What Department _____

SIGNATURE: _____