



Mailing address:
 Town Administrator
 1293 Washington Avenue
 Cedarburg, WI 53012
 Telephone: 262-377-4509
 Fax: 262-377-0308

APPLICATION FOR EMPLOYMENT

Qualified applicants receive equal consideration. No question is asked for the purpose of excluding any applicant due to race, creed, color, national origin, religion, age, sex, handicap, disability, veteran status, marital status, sexual orientation, or any other characteristic protected by law. WE ARE AN EQUAL OPPORTUNITY EMPLOYER.

Date _____

Name _____
 last first middle

Street Address _____

City _____ State _____ Zip _____

Telephone _____ E-mail _____

Type of work for which you wish to be considered _____

What source led you to make application with us? _____

EMPLOYMENT HISTORY (List present or most recent employer first)

Employer	Employed	Type of work performed	Present or last salary	Reason for Leaving
Address/City	from _____ mo./yr.			
Name of supervisor	to _____ mo./yr.			
Employer	Employed	Type of work performed	Present or last salary	Reason for Leaving,
Address/City	from _____ mo./yr.			
Name of supervisor	to _____ mo./yr.			

Employer	Employed	Type of work performed	Present or last salary	Reason for Leaving
Address/City	from _____ mo./yr.			
Name of supervisor	to _____ mo./yr.			
Employer	Employed	Type of work performed	Present or last salary	Reason for Leaving
Address/City	from _____ mo./yr.			
Name of supervisor	to _____ mo./yr.			

EDUCATION

School	Name & Location of School	Circle Last Year Completed	Major Course	Diploma and/or Degree?
High School		9 10 11 12		
College		1 2 3 4 more		
Business or Trade School		Months Attended		

If you served in the U.S. Armed Forces, briefly describe skills acquired _____

PERSONAL INFORMATION

Are you legally authorized to work in the U.S.? Yes _____ No _____

(NOTE: You will be required to furnish documents to verify your eligibility for employment in accordance with the Immigration Reform and Control Act and your employment is contingent upon furnishing such documents.)

Name, address and telephone number of someone other than a household member we can contact in case of emergency _____

Are you at least 18 years of age? Yes _____ No _____

Have you ever been convicted of a crime (felony)? Yes___ No___ (A conviction does not automatically bar you from employment.)

If yes, give details_____

If you are an experienced operator of any office machines or equipment, please list _____
_____ Typing speed _____ wpm Shorthand _____ wpm

If you are an experienced operator of any plant machines or equipment, please list _____

Do you have any other skills you wish to mention? _____

Are you presently employed? Yes___ No___ If so, may we contact your present employer? Yes___ No___

If hired, when would you be available? _____ Salary requirements? _____

REFERENCES

Name of Reference	_____	_____
Occupation	_____	_____
Address	_____	_____
City, State, Zip	_____	_____
Telephone	_____	_____

All information provided by me in support of my application for employment is true and correct to the best of my knowledge. I understand that misrepresentations or omissions may be cause for rejection or may be cause for subsequent dismissal if I am hired.

I voluntarily and knowingly authorize any former employer, person, firm, corporation, school or government agency, its officers, employees and agents to release any and all information concerning my former employment to any prospective employer, its officers, employees and agents, or any other person or entity making a written or oral request for such information. I understand that the employment information may include, but is not necessarily limited to, performance evaluations and reports, job descriptions, disciplinary reports, letters of reprimand, and opinions regarding my suitability for employment possessed by it.

I voluntarily and knowingly fully release and discharge, absolve, indemnify and hold harmless such former employer, person, firm, corporation, school or government agency, its officers, employees and agents from any and all claims, liability, demands, causes of action, damages, or costs, including attorneys' fees, present or future, whether known or unknown, anticipated or unanticipated, arising from or incident to the disclosure or release except for the malicious and willful disclosure of derogatory facts concerning my employment made for the express purpose of preventing me from obtaining employment which the officer, employee or agent disclosing such facts knows are untrue.

Signature _____ Date _____



Little League® Volunteer Application - 2018

Do not use forms from past years. Use extra paper to complete if additional space is required.

A COPY OF VALID GOVERNMENT ISSUED PHOTO IDENTIFICATION MUST BE ATTACHED TO COMPLETE THIS APPLICATION.

Name _____ Date _____

First Middle Last

Address _____

City _____ State _____ Zip _____

Social Security # (mandatory with First Advantage or upon request) _____

Cell Phone _____ Business Phone _____

Home Phone: _____ E-mail Address: _____

Date of Birth _____

Occupation _____

Employer _____

Address _____

Special professional training, skills, hobbies: _____

Community affiliations (Clubs, Service Organizations, etc.): _____

Previous volunteer experience (including baseball/softball and year): _____

1. Do you have children in the program? Yes No

If yes, list full name and what level? _____

2. Special Certification (CPR, Medical, etc.)? (list) Yes No

3. Do you have a valid driver's license? Yes No

Driver's License#: _____ State _____

4. Have you ever been convicted of or plead no contest or guilty to any crime(s) involving or against a minor? Yes No

If yes, describe each in full: _____

5. Have you ever been convicted of or plead no contest or guilty to any crime(s) Yes No

If yes, describe each in full: _____

(Answering yes to question 5, does not automatically disqualify you as a volunteer.)

6. Do you have any criminal charges pending against you regarding any crime(s)? Yes No

If yes, describe each in full: _____

(Answering yes to question 6, does not automatically disqualify you as a volunteer.)

7. Have you ever been refused participation in any other youth programs? Yes No

If yes, explain: _____

In which of the following would you like to participate? (Check one or more.)

- League Official Umpire Manager Concession Stand
- Coach Field Maintenance Scorekeeper Other

Please list three references, at least one of which has knowledge of your participation as a volunteer in a youth program:

Name/Phone

IF YOU LIVE IN A STATE THAT REQUIRES A SEPARATE BACKGROUND CHECK BY LAW, PLEASE ATTACH A COPY OF THAT STATE'S BACKGROUND CHECK. FOR MORE INFORMATION ON STATE LAWS, VISIT OUR WEBSITE:

<http://www.littleleague.org/learn/programs/childprotection/state-laws-bg-checks.htm>

ASA CONDITION OF VOLUNTEERING, I give permission for the Little League organization to conduct background check(s) on me now and as long as I continue to be active with the organization, which may include a review of sex offender registries (some of which contain name only searches which may result in a report being generated that may or may not be me), child abuse and criminal history records. I understand that, if appointed, my position is conditional upon the league receiving no inappropriate information on my background. I hereby release and agree to hold harmless from liability the local Little League, Little League Baseball, Incorporated, the officers, employees and volunteers thereof, or any other person or organization that may provide such information. I also understand that, regardless of previous appointments, Little League is not obligated to appoint me to a volunteer position. If appointed, I understand that, prior to the expiration of my term, I am subject to suspension by the President and removal by the Board of Directors for violation of Little League policies or principles.

Applicant Signature _____ Date _____

If Minor/Parent Signature _____ Date _____

Applicant Name (please print or type) _____

NOTE: The local Little League and Little League Baseball, Incorporated will not discriminate against any person on the basis of race, creed, color, national origin, marital status, gender, sexual orientation or disability.

LOCAL LEAGUE USE ONLY:

Background check completed by league officer _____ on _____

System(s) used for background check (minimum of one must be checked):
Regulation I(c)(9) Mandates First Advantage or another provider that is comparable

* First Advantage Sex Offender Registry Data along with National
Criminal Records check of at least 281 million records

**Please be advised that if you use First Advantage and there is a name match in the few states where only name match searches can be performed you should notify volunteers that they will receive a letter directly from LexisNexis in compliance with the Fair Credit Reporting Act containing information regarding all the criminal records associated with the name, which may not necessarily be the league volunteer.*

Only attach to this application copies of background check reports that reveal convictions of this application.