

PLEASE PRINT OR TYPE ALL INFORMATION

Last Name:

Oconto – J. Douglas Bake Municipal Airport.

APPLICATION FOR PART-TIME EMPLOYMENT – MAINTENANCE
2983 Airport Road

Oconto, Wisconsin 54153

Phone: (920) 834-7727 Email: <a href="mailto:ocontoairport@bayland.net">ocontoairport@bayland.net</a>

\*\*USE ADDITIONAL PAGES IF NECESSARY

Middle Name:

Mail application to: Oconto Municipal Airport, 2983 Airport Road, Oconto, Wisconsin 54153 or drop off at Oconto City Hall 1210 Main St. Oconto, Wisconsin 54153

We consider applicants for all positions without regard to race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

First Name:

Present Address - Number, Street, City, State, Zip Code:		Home Phone (Include Area Code):
Mailing Address (if different from above) - Number, Street, City, State, Zip Code:		Business Phone (Include Area Code):
Email Address:	Cell Phone (Include Area Code):	
Date Available:		
<ul> <li>3. Have you ever been employed be Airport? Yes No</li> <li>If yes, when, in what position, are</li> <li>4. Do you have a valid Driver's Lice</li> <li>5. Do you have a valid Commercial</li> </ul>	have an entry permit which allows you to well of Oconto County, City of Oconto or Oconto and in what department:	– J. Douglas Bake Municipal
EDUCATION AND TRAINING		
Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a high school diploma or a GED equivalency?YesNo	Name & Location of High School:
Training beyond high school (College, Nursing, Business College or other schools you have attended)		Circle the number of years in College: 1 2 3 4 5 6 7 8
	e had which is not covered above (such as vo teer work) that you feel is relevant to the job specific.	

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## **WORK EXPERIENCE**

Provide a complete description. This information will be used to determine if your application is accepted. BE SPECIFIC. Start with your most recent job. BE SURE TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month; indicate any changes in job title under the same employer.

Employer:	Kind of Business:	Street Address:	
Your Title:	Reason for Leaving:	City, State, Zip Code:	
Your Duties:		Name of Cuponicari	
four Duties.		Name of Supervisor:	
		Total Time Employed: (Month & Year	
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		To: Part-	Time
		Check One:	
		Monthly Salary Beginning S	\$
		Hourly Salary Ending \$	
Employer:	Kind of Business:	Street Address:	
Your Title:	Reason for Leaving:	City, State, Zip Code:	
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		Hourly Salary Ending \$	<i>-</i>
Employer:	Kind of Business:	Street Address:	
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Your Title:	Reason for Leaving:	City, State, Zip Code:	
roul ritle.	reason for Leaving.	City, State, Zip Code.	
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		Total Time Employed: (Month & Year	•
		From: Full-1	
			Time
		Check One:	<u>.</u>
		Monthly Salary Beginning S	>
		Hourly Salary Ending \$	
May we communicate with warm	ont amplayor? Vac Na		
May we communicate with your prese			
May we communicate with your past	employer(s)?YesNo		

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REFERENCES:		
Name	Address	Phone Number
1)		
2)		
3)		
TRAINING AND EXPERIENCE:		<b>_</b>
GROUNDS MAINTENANCE, BUILDING N Place a "T" where you have training and		
Operating a lawn mower Operating a Zero-Turn mower Operating a weed eater Operating a walk-behind snow blower Operating a Medium Tractor with brush Operating a Large Tractor/loader with 1 Operating a chain saw Driving a stick shift Operating tree de-limber Driving a truck larger than a pickup Operating a dump truck with snowplow Other(s) Do you have any issues with heights, i.e. Do you have any issues shoveling sand, are you available on-call snow removal? Are you available to work weekends?	cutter 5 foot brush cutter  ladders above 20 foot or roofs greater?YESNO  yesYESYES	Turf maintenance De-limb/Pruning trees or shrubs Fertilizer/Chemicals Fence repair Painting Janitorial Reading plans Equipment Maintenance Carpentry Electrical Customer Service
IMPORTANT: Applications will be kept a Bake Municipal Airport Commission.	ctive for one year. All application	ons will be reviewed by the Oconto – J. Douglas
or material omission made by me on this ap discharge from the employer's service.  I give the employer the right to contact and otherwise verify the accuracy of the information representatives for seeking, gathering and usuch information.  I understand and agree that if employed, the Municipal Airport may end the employment I understand that receipt of this application	plication will be sufficient cause for obtain information from all referention contained in this application. Ising such information and all other employment will be "at will". The relationship at any time, for any reby the Oconto Airport does not import	my knowledge. I understand that misrepresentation or cancellation of this application or immediate nces, employers, educational institutions and to I hereby release from liability the employer and its repersons, corporations or organizations for furnishing at is, either I or the Oconto – J. Douglas Bake eason, or for no reason. The polyment and that this application and/or any report documents are not contracts of employment.

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Date

Applicant's Signature