CITY OF SHEBOYGAN

City Hall, Sheboygan, WI 53081

APPLICATION FOR EMPLOYMENT

(Use additional pages if necessary)

Please print or type. Answer all questions completely and show clearly that you meet the requirements of the position applied for. The information will be used to determine if your application is accepted. Part or all of your rating will be based on this information.

POSITION APPLIED FOR ☐ FULL-TIME ☐ PERMANENT ☐ PART-TIME ☐ SEASONAL

NAME (FIRST, MIDDLE, LAST)	RESIDENCE TELEPHONE NO.	CELL PHONE NO.

PRESENT ADDRESS (NUMBER, STREET, CITY, STATE AND ZIP CODE)	SOCIAL SECURITY NUMBER

ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN (INCLUDING MAIDEN NAME)	ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? YES ☐ NO ☐

NAMES OF RELATIVES EMPLOYED BY THE CITY (INDICATE RELATIONSHIP)

COMPLETE IF APPLICABLE TO THE JOB FOR WHICH YOU ARE APPLYING

DO YOU HAVE A VALID WI DRIVER'S LICENSE?	DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE?	TYPING SPEED WPM
☐ YES ☐ NO		

LIST ANY OTHER LICENSES, TEGISTRATIONS, OR CERTIFICATES YOU POSSESS

EARLIEST DATE AVAILABLE TO START WORK:	HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST FIVE YEARS DUE TO PERSONAL REASONS?

WERE YOU EVER ASKED TO RESIGN OR WERE YOU DISCHARGED?

YES ☐ NO ☐

MAY WE CONTACT YOUR PRESENT EMPLOYER?	LIST SHIFTS YOU ARE AVAILABLE TO WORK:
YES ☐ NO ☐	

HAVE YOU EVER BEEN EMPLOYED BY THE CITY?

YES ☐ NO ☐ IF YES, WHAT POSITION(S): DATES:

WERE YOU IN THE U.S. ARMED FORCES:	IF YES, WHEN?	TYPE OF DISCHARGE:
YES ☐ NO ☐ BRANCH_____	FROM TO	

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? YES ☐ NO ☐

Note: A conviction record will not automatically exclude you from employment. Factors such as age at the time of offense, rehabilitation efforts, how recent it occurred and seriousness of the crime will be taken into account. The relationship between the offense and the job for which you are applying will be evaluated carefully.

IF YES, NATURE OF OFFENSE	DATE OF CONVICTION	NAME AND LOCATION OF COURT

EDUCATION

CIRCLE THE HIGHEST GRADE COMPLETED 3 4 5 6 7 8 9 10 11 12 / HSED / GED	NAME AND CITY OF HIGH SCHOOL	DID YOU GRADUATE FROM THIS HIGH SCHOOL?

TRAINING BEYOND HIGH SCHOOL: COLLEGE, TECHNICAL OR OTHER SCHOOLS YOU HAVE ATTENDED.	CIRCLE THE NUMBER OF YEARS BEYOND HIGH SCHOOL 1 2 3 4 5 6 7 8 ____

NAME AND LOCATION	DATES ATTENDED		MAJOR / FIELD OF STUDY	DEGREE EARNED
	FROM	TO		

EMPLOYMENT INFORMATION Beginning with your PRESENT or more recent employer, list all current and or previous employers, including self- employment. Complete this information even if you provide a resume. All other experience that would qualify you for this position should also be listed.

PRESENT OR MOST RECENT EMPLOYER COMPLETE ADDRESS / PHONE NO.

YOUR TITLE REASON FOR LEAVING OR CONSIDERING LEAVING NAME OF SUPERVISOR

YOUR DUTIES TOTAL TIME FROM (MO & YR) TO (MO & YR)

Starting with **PRESENT** or most **RECENT**, list all previous employers. Include self-employment, military service, summer and part-time jobs. If you need more space, please continue on the next page.

Company Name	Dates Employed	Work Performed:	
Address	From: To:		
City State Zip Code	Full-time or Part-time Shift 1 2 3		
Telephone Number	Start: $	Job Title:	May we contact this employer? Yes No
Reason For Leaving	End: $	Name/Title of Supervisor	

REFERENCES

Please provide the names of three people you either currently work with or previously worked with: a previous or current co-worker and a supervisor is recommended. Please refrain from listing relatives.

Name	Phone Number	Relationship	Years Acquainted

APPLICANT'S STATEMENT
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By signing below, I certify that the answers given by me to the foregoing questions and/or statements are true and correct to the best of my knowledge and without misrepresentations or omissions of any kind. I further understand that the making of any false or misleading statement or willful omission on the Application for Employment, or any other document, may be used to deny me employment, or if employed, used for discipline, up to and including termination. I agree that the City of Sheboygan shall not be held liable in any respect if my employment is terminated because of false statements, answers, or omissions made by me on this Application for Employment or any other document.

I hereby grant permission to the City of Sheboygan to investigate any of the information included in this application. I understand that this also includes authorization for the City of Sheboygan to investigate my background, references, employment record, and other matters related to my suitability for employment. This may include a criminal background check and a check of my driving record. I also authorize the companies, schools, persons named above or any third parties to give any information, transcripts, records, or documents requested regarding my work experience, educational background, character or qualifications, personal or otherwise. I hereby release said companies, schools, persons or third parties from all liability for any damage that may result from furnishing this information to the City of Sheboygan.

I also understand that I may be required to undergo a post-conditional employment offer physical examination, which may include drug and/or alcohol tests, and hereby authorize the release of the results of such physical examination and drug and/or alcohol tests to the City of Sheboygan. I understand that in the future I may be required to undergo such examinations and tests and that my employment is contingent upon successful completion of such tests. I understand and release the City of Sheboygan from any and all liability with respect to such examinations and tests, and hold the City of Sheboygan harmless for any decision made by the City of Sheboygan in this respect.

I understand that if employed, I must furnish documents to verify my identity and eligibility for employment in the United States in accordance with the Immigration Reform and Control Act of 1986.

I agree to conform to the rules and regulations of the City of Sheboygan. I fully understand and agree that filling out this Application for Employment does not obligate the City of Sheboygan to offer me a job, nor does it obligate me to accept a job with the City of Sheboygan. In the event I am hired, I understand that, unless I am covered by a collective bargaining agreement, my employment, benefits and/or compensation is "at-will" and for no definite period and can be terminated with or without cause or reason, and with or without notice, at any time, at the option of either the City of Sheboygan or myself. I understand that no employer representative of the City of Sheboygan has any authority to enter into any agreement for employment for any specific period of time, or to make any agreement contrary to the foregoing. Any such modification or agreement must be in writing.

Signature_____ Date_____

THIS APPLICATION IS KEPT ON FILE FOR A MINIMUM OF 90 DAYS. IF YOU HAVE NOT HEARD FROM US WITHIN THAT TIME AND STILL DESIRE TO BE CONSIDERED FOR EMPLOYMENT, IT MAY BE NECESSARY FOR YOU TO RE-APPLY FOR FUTURE CONSIDERATION.

_____ **FOR OFFICE USE ONLY** _____

Acceptable for employment: Yes_____ No_____ Date:_____

Starting Date_____ Job Title_____ Wage_____ Shift_____

Employee Clock #_____ Department_____ Approved by:_____

APPLICANT INVITATION TO IDENTIFY FOR AFFIRMATIVE ACTION PURPOSES

The City of Sheboygan is an equal opportunity employer committed to the employment and advancement of minorities, females individuals with disabilities and veterans and does not discriminate in hiring or employment based on race, color, religion, sex, national origin, age, disability, or any other basis prohibited by law. No question on this form is intended to be used for such discrimination.

VOLUNTARY: Your completion of this form is voluntary and in no way affects the decision regarding your employment opportunity. The information you provide is strictly confidential. You may inform the City of your desire to benefit under this program at this time or any time in the future.

Applicant Name, (Please Print):	Date:
Position Applied For:	

Please check one: ☐ Male ☐ Female

Veterans/Disability Category (choose one)

_____ **Vietnam Veteran:**	You served on active duty in the armed forces for a period of more than 180 days between August 5, 1964 and May 7, 1975.
_____ **Disabled Veteran:**	You are entitled to disability compensation under laws administered by the Veterans Administration for a disability rated at 30% or more, or you are a person whose discharge or release from duty was for a disability incurred or aggravated in the line of duty.
_____ **Disabled:**	Do you have a record of, or are you regarded as having a physical or mental impairment which substantially limits one or more of your major life activities?
_____ **Other Eligible Veteran:**	Any veteran who served in a declared war and those veterans who served in a campaign or on an expedition for which a campaign badge, a service metal or an expeditionary metal was awarded.
_____ **Not Applicable**	

Racial/Ethnic Category (choose one)

_____ **Non Minority:**	White or non Hispanic origin. All persons having origins in any of the people of Europe, North Africa or the Middle East.
_____ **Black:**	Not of Hispanic origin. All persons having origins in any black Aftrican racial groups
_____ **Asian or Pacific Islander:**	Origins of either the Far East, Southeast Asia, the India subcontinent, or the Pacific, lands, including China, Japan, Korea, the Philippines and Samoa.
_____ **American Indian or Alaskan:**	All persons having origins in any of the original peoples of North America who maintain cultural identification through tribal affiliation or community recognition.
_____ **Hispanic:**	All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin regardless of race.
_____ **Other:**	(Please Be Specific) _____

Referral Source (choose one)

_____ Walk-In
_____ Employee Referral (Please Name) _____
_____ Advertisement
_____ Government
_____ Other (Please Specify) _____
_____ State Job Service
_____ School/College
_____ Employment Agency