

JOB APPLICATION INFORMATION

The City of Sheboygan is an Equal Opportunity Employer.

City policy prohibits discrimination in accordance with applicable Federal and State laws. Applicants for employment with disabilities may call the Human Resources Department to receive application forms by mail and should also notify the Human Resources Department if specific accommodations need to be arranged for testing, interviewing, etc. Accommodations for hearing, speech, and visually impaired persons can be provided through auxiliary aids upon advance notice.

Only original Applications for Employment will be accepted.

Applications for Employment for current openings will be distributed and/or accepted on any normal workday until a sufficient number of qualified individuals have applied, as determined by the City.

The statement of duties, responsibilities and qualifications listed in an advertisement or on the job description should not be construed as all-inclusive. It is the applicant's responsibility to fully and correctly complete the application. Be sure to place the correct job title of the position you are applying for on the application form. If no job title is specified, the applicant will only be considered for an entry-level position. If you are still employed, please indicate this. Failure to provide accurate and complete information may result in your not being considered for the position and can result in termination after hire for serious omissions or inaccuracies.

Only the most qualified applicants, based on an evaluation of the stated skills, training and experience, will be given further employment consideration. Evaluations of the most qualified applicants will be made through job-related written examinations and/or personal interviews.

Applications for Employment will be considered active for a period of ninety (90) days from the date of application and may only remain active if reaffirmed or updated by the applicant within ninety (90) day intervals, after which they will be considered inactive for all purposes.

All non-represented new hires, full-time and part-time, of the City of Sheboygan – as a condition of employment – will, within six (6) months or after a probationary period, whichever comes first, be or become full-time residents of the City of Sheboygan.

Thank you for considering the City of Sheboygan for employment.

CITY OF SHEBOYGAN
CITY HALL
SHEBOYGAN, WISCONSIN 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.

POSITIONS APPLIED FOR		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT
		<input type="checkbox"/> PART-TIME	<input type="checkbox"/> SEASONAL
NAME (FIRST, MIDDLE, LAST)		RESIDENCE TELEPHONE NO.	ALTERNATE TELEPHONE NO.
PRESENT ADDRESS (GIVE NUMBER, STREET, CITY, STATE AND ZIP CODE)			SOCIAL SECURITY NUMBER
GIVE ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN (INCLUDE MAIDEN NAME)		ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE?	TYPING SPEED WPM	CRT INPUT SPEED WPM
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LIST ANY OTHER LICENSES, REGISTRATIONS, 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?
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WERE YOU EVER ASKED TO RESIGN OR DISCHARGED?

YES NO IF YES, EXPLAIN:

MAY WE CONTACT YOUR PRESENT EMPLOYER?

YES NO

LIST SHIFTS YOU ARE AVAILABLE TO WORK:

IS THIS THE ONLY INCOME PRODUCING JOB YOU INTEND TO HAVE?

YES NO IF NO, EXPLAIN:

HAVE YOU EVER BEEN EMPLOYED BY THIS CITY?

YES NO IF YES: POSITIONS:

DATES:

WERE YOU IN THE U.S. ARMED FORCES?

YES NO BRANCH _____

IF YES, WHEN?

FROM _____ TO _____

TYPE OF DISCHARGE?

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? * YES NO
 CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT AND WILL BE CONSIDERED ONLY AS IT RELATES TO THE JOB.

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

CIRCLE THE HIGHEST GRADE COMPLETED IN SCHOOL 3 4 5 6 7 8 9 10 11 12	NAME AND ADDRESS OF HIGH SCHOOL	DID YOU GRADUATE YES <input type="checkbox"/> NO <input type="checkbox"/>
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TRAINING BEYOND HIGH SCHOOL: COLLEGE, TECHNICAL OR OTHER SCHOOLS YOU HAVE ATTENDED. UNDER CREDITS EARNED INDICATE Q FOR QUARTERS AND S FOR SEMESTERS. COMPLETE BELOW:	CIRCLE THE NUMBER OF YEARS BEYOND HIGH SCHOOL 1 2 3 4 5 6	GED CERTIFICATE YEAR _____
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NAME AND LOCATION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD	DEGREES CONFERRED AND YEAR
	FROM	TO			

EMPLOYMENT INFORMATION

Begin with your present employment and work back. Account for all time during the last 15 years including periods of unemployment. Answer all questions even if you submit a resume. IN ADDITION, please describe all other experience that would qualify you for this position.

PRESENT OR MOST RECENT EMPLOYER		COMPLETE ADDRESS / PHONE NO.		
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR		
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM (MO. & YR.)	TO (MO. & YR.)
		TOTAL TIME EMPLOYED FULL-TIME _____		
		TOTAL TIME EMPLOYED PART-TIME _____		
		EARNINGS (HOURLY OR YEARLY) _____		
EMPLOYER		COMPLETE ADDRESS / PHONE NO.		
YOUR TITLE	REASONS FOR LEAVING	NAME OF SUPERVISOR		
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM (MO. & YR.)	TO (MO. & YR.)
		TOTAL TIME EMPLOYED FULL-TIME _____		
		TOTAL TIME EMPLOYED PART-TIME _____		
		EARNINGS (HOURLY OR YEARLY) _____		
EMPLOYER		COMPLETE ADDRESS / PHONE NO.		
YOUR TITLE	REASONS FOR LEAVING	NAME OF SUPERVISOR		
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM (MO. & YR.)	TO (MO. & YR.)
		TOTAL TIME EMPLOYED FULL-TIME _____		
		TOTAL TIME EMPLOYED PART-TIME _____		
		EARNINGS (HOURLY OR YEARLY) _____		
EMPLOYER		COMPLETE ADDRESS / PHONE NO.		
YOUR TITLE	REASONS FOR LEAVING	NAME OF SUPERVISOR		
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM (MO. & YR.)	TO (MO. & YR.)
		TOTAL TIME EMPLOYED FULL-TIME _____		
		TOTAL TIME EMPLOYED PART-TIME _____		
		EARNINGS (HOURLY OR YEARLY) _____		

IF MORE SPACE IS REQUIRED, FILL OUT A BLANK SHEET AS ABOVE AND ATTACH

LIST ALL OTHER QUALIFICATIONS WHICH WOULD QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED.

* Federal and state laws prohibit discrimination based upon this information which is requested. We are an Equal Opportunity Employer. M/F/H. Your opportunity for employment or promotion will be based on your merit and fitness and no other consideration.

READ CAREFULLY BEFORE SIGNING — I certify that all answers to the above questions are true and complete. I understand and agree that any mis-statements or omissions of material facts will subject me to disqualification or dismissal. I hereby authorize the City to investigate my former employers and to make any further investigation deemed necessary and do hereby release the City and its employees from all liability resulting from such investigation. This application will remain active for only 90 days unless renewed by me.

IF YOU HAVE A DISABILITY WHICH MAY REQUIRE REASONABLE ACCOMMODATION, PLEASE CHECK HERE TO REQUEST TO DISCUSS POTENTIAL ACCOMMODATIONS THAT WOULD ENABLE YOU TO PARTICIPATE IN THE APPLICATION PROCESS OR PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.

SIGNATURE _____ DATE _____

