City of Port Washington

APPLICATION FOR EMPLOYMENT

www.ci.port-washington.wi.us

AN EQUAL OPPORTUNITY EMPLOYER

City of Port Washington
100 West Grand Avenue
P. O. Box 307
Port Washington, WI 53074
Phone: (262) 284-2600
Fax: (262) 284-7669

Date:

Position Desired:

❑ Full Time ❑ Part Time ❑ On-Call/Relief Hours ❑ Temporary/Limited Term Employment

How did you learn of this position?

❑ Newspaper: _____
❑ Walk-In
❑ Job Line
❑ Internal Posting
❑ Employee
❑ Employment Agency
❑ Internet
❑ Other: _____

PERSONAL

Name: (Last) (First) (M.I.)

Home Phone:

Address: (Street) (Apt #)

Business Phone:

May we contact you at this #? ❑ Yes ❑ No

(City) (State) (Zip)

Social Security #:

List any other names by which you have been known:

Are you legally eligible for employment in the United States?
❑ Yes ❑ No

When will you be available for employment? _____

Do you possess a valid Driver's License? ❑ Yes ❑ No Number: _____
State Issued: _____

Do you possess a valid Commercial Driver's License? ❑ Yes ❑ No Number: _____
State Issued: _____

Do you have access to a licensed vehicle? ❑ Yes ❑ No

Do you currently have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? ❑ Yes ❑ No If yes, please explain:

A conviction record will not necessarily disqualify you from employment. It will be considered only as it may relate to the job you are seeking.

EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL? ❑ Yes ❑ No Year of Graduation: _____

Name/Location of School: _____

If no, have you passed a high school equivalency or GED test? ❑ Yes ❑ No Location and Date of Test: _____

TRAINING BEYOND HIGH SCHOOL: College or University, Technical College, Business College, or other schools you have attended.

College, University or School – Name and Location	Dates Attended (Month/Year) From	To	Presently Attending?	Major/Degree Received
			❑ Yes ❑ No	
			❑ Yes ❑ No	
			❑ Yes ❑ No	

Describe any education or training you have had which is not covered above; such as correspondence courses, service schools, in-service training. Please provide dates.

MILITARY

Complete this section if you served in the U. S. Armed Forces:

Branch of Service: _____ Rank at Discharge: _____

Period of Active Duty (Month & Year) From: _____ To: _____

Honorably Discharged? _____Yes _____No Date: _____

Describe your duties and any special training: _____

EMPLOYMENT RECORD

IMPORTANT: You must complete the employment sections of this application.

Use additional sheets, if necessary. You may attach a resume to further explain your qualifications. All time **must** be accounted for. If unemployed for a period, indicate setting forth dates of unemployment.

(Please complete by beginning with last or current employer, then next to last, etc.)

If currently employed, may we contact this employer? ❑ Yes ❑ No

Name of Employer:	Phone:	Dates of Employment:: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
❑ Full Time ❑ Part Time (_____hours per _____)	Beginning Pay: $ _____ per _____	Ending Pay: $ _____ per _____

Description/Duties:

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
❑ Full Time ❑ Part Time (_____hours per _____)	Beginning Pay: $ _____ per _____	Ending Pay: $ _____ per _____
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
❑ Full Time ❑ Part Time (_____hours per _____)	Beginning Pay: $ _____ per _____	Ending Pay: $ _____ per _____
Description/Duties:		

Name of Employer:	Phone:	Dates of Employment: From To
Address:		Supervisor:
Reason for Leaving or Considering Change:		Job Title:
❑ Full Time ❑ Part Time (_____hours per _____)	Beginning Pay: $ _____ per _____	Ending Pay: $ _____ per _____
Description/Duties:		

REFERENCES

List persons who are familiar with your qualifications and background.

Name	Telephone	Nature of Relationship
1.		
2.		
3.		

Please complete the General Information/Special Skills Sections and /or attach a resume.

SPECIAL SKILLS OR QUALIFICATIONS

This information must be provided if you are applying for a position requiring these skills.

List here any skills which you feel are applicable to this position:

Describe here to what extent your training and experience have given you the technical knowledge, skill and interest to perform the type of work for which you are applying.

List any Memberships in Professional or Technical Associations:	Current License or Registration as a member of a trade or profession:

GENERAL INFORMATION

Please provide any additional information which you feel is relevant to this position. (Attach additional sheet if necessary)

I certify that the information provided on this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I further understand that any appointment or job offer tendered to me will be contingent upon the results of additional testing, a complete background check, and fitness evaluation.

Signature of Applicant: _____ Date: _____

FORMER ADDRESSES

Please list any former addresses that you have lived at in the last 10 years: (Please print)

	Address	City	State
1.			
2.			
3.			
4.			
5.			
6.			

Please use the area below if you need more space.

I certify that the information provided on this application (and accompanying resume, if any) is true, correct and complete to the best of my knowledge without omissions of any kind. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I further understand that any appointment or job offer tendered to me will be contingent upon the results of additional testing, a complete background check, and fitness evaluation.

Signature of Applicant: _____ Date: _____

CITY OF PORT WASHINGTON

100 WEST GRAND AVENUE, PORT WASHINGTON, WI 53074-0307

Department: _____

APPLICANT'S AUTHORIZATION AND ACKNOWLEDGMENT

I authorize persons, schools, my current employer (if applicable) and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information to the City of Port Washington that may be required to enable the City of Port Washington to arrive at an employment decision. I understand that I may be required to submit to a pre-employment physical examination, including substance abuse screening, prior to appointment. I agree that the results of such examinations and screening may be released to the City of Port Washington only for consideration of my employment. I consent freely and voluntarily to participate in required drug tests and/or pre-employment physical examination. I understand that I may be fingerprinted and a criminal record check made of local, state or federal authorities and that a conviction is not an automatic bar to my employment.

PLEASE NOTE: Under Wisconsin State Statutes, the identity of applicants must be revealed unless a request for confidentiality is received from the applicant. If you desire for your employment application and all related references and documents to remain confidential to the extent allowed by Wisconsin Statutes, you must provide written request for confidentiality. If no written request is received from applicants, the applicants' names must be disclosed. Wisconsin Statutes does require if request is made for the names of the finalist considered for employment, they be provided to those requesting such information.

OPTIONAL: I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____

AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the CITY OF PORT WASHINGTON or other authorized representative bearing this release to, within one year of its date, obtained information and records pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any previous employer
5. Present employer
6. Any school, college, university or other educational institution.

I hereby release any Municipal, State, Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it. Exceptions to this blanket authorization:

1. _____
2. _____
3. _____
4. _____

_____ _____
Date Signature (Full Name)

_____ _____
Date of Birth Print (Full Name)

_____ _____
Driver's License # Address

_____ _____
State City State Zip

Witness: _____