CITY OF GREEN LAKE APPLICATION FOR EMPLOYMENT

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

APPLICANT INFORMATION (PLEASE PRINT) Date of Application Address City/State/Zip Code _____ Telephone Number Alternate Number Are you a United States citizen or a permanent resident alien? Yes No (In accordance with the Immigration Reform and Control Act of 1986, the City will employ only those persons legally authorized to work in the United States. Employment, if offered, is conditional upon this individual's ability to establish verification of identity and authorization to work in the United States.) Position for which you are applying _____ On what date would you be available for work Are you available to work: _____ Full-Time _____ Part-Time _____Temporary NAME/LOCATION **EDUCATION** HIGHEST GRADE DEGREE/DIPLOMA COURSE OF SCHOOL COMPLETED EARNED STUDIES HIGH SCHOOL COLLEGE **GRADUATE/ PROFESSIONAL** OTHER

 MILITARY STATUS (check all that apply): Enlisted / active duty Enlisted or commissioned reserve or National Guard Service active duty for training only
Have you had any job-related training in the United States Military?
List any licenses, registrations and/or certificates you possess that are related to the job you are applying for (such as driver's license, professional certificates, post graduate training, etc.)
Describe any position-related training, apprenticeship skills, volunteer, or extra-curricular activities as relates to the job that you are applying for:
Describe any honors you have received
List professional, trade, or business memberships and offices held (you may want to exclude membership which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status)

EMPLOYMENT EXPERIENCE: <u>Start with your present or last job.</u> Include any job-related military service assignments and volunteer activities. You may <u>exclude</u> organizations which indicate race, color, religion, gender, national origin, handicap or other protected status.

Employer Name/	Address/Dates of	 Salary	Reason(s) for
Phone Number	Employment		Leaving
1.			
2.			
3.			
4.			
5.			

May we contact your current employer?	
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If you have been convicted of an offense other than minor traffic violations, list details below:

Charge	Date	Location	Court	Disposition of
				case

NOTE: Convictions are not an automatic bar to employment, but are reviewed in relation to the job applied for. Convictions not reported may be cause for discharge.

REFERENCES

Name	Address	Business	Phone Number
1.			
2.			
3.			

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete to the best of my knowledge. I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original. In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I agree that the City of Green Lake, Wisconsin, shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application. I understand, also, that I am required to abide by all rules and regulations of the employer. I understand that any offer of employment or continued employment, if hired, may be conditioned upon the results of a physical examination, including potential substance abuse screening. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act.

Signature of Applicant					Date
				RCES DEPARTMI	ENT USE ONLY
Arrange Intervi	ew:	_Yes	No		
Remarks					
Interviewer					Date
Employed:	Yes	No		Date of Employ	ment
Job Title			Cor	npensation	Department
Ву					Date

Name & Title F:MW:EMPLOYEES:EMPLOYMENT APPLICATION