

CITY OF HORICON

404 East Lake Street

Horicon WI 53032

Phone Number 920-485-3500 Fax 920-485-3503

Application for Employment

WE ARE A EQUAL OPORTUNITY EMPLOYER

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age disability, marital or veteran status, sexual orientation, or any other legally protected status.

(PLEASE PRINT)

Position Applied for: _____ Date of Application: _____

How did you learn about us? Advertisement Friend Relative Walk-in Employment Agency

Last Name First Name Middle Name

Address City State Zip Code

Telephone Number(s) Social Security Number Birth date, if under the age 18

If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No

If yes, give date _____

Have you ever filed an application with us before? Yes No

Have you ever been employed with us before? Yes No

If yes, give date _____

Are you currently employed? Yes No

May we contact your present employer? Yes No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? Yes No

(proof of citizenship or immigration status will be required upon employment)

On what date would you be available for work? _____

Are there any days or times that you are unable to work? Yes No

If so, what are they _____

Are you currently on "lay-off" status and subject to recall? Yes No

Have you been convicted of a felony within the last 7 years? Yes No

(conviction will not necessarily disqualify applicant from employment)

If yes, please explain _____

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

Employer	<u>Dates Employed</u>	
		<u>Work performed</u>
Telephone Number(s)	<u>Annual Salary/Wages</u>	

Job Title	Supervisor
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Reason for Leaving

Employer	<u>Dates Employed</u>	
		<u>Work performed</u>
Telephone Number(s)	<u>Annual Salary/Wages</u>	

Job Title	Supervisor
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Reason for Leaving

Employer	<u>Dates Employed</u>	
		<u>Work performed</u>
Telephone Number(s)	<u>Annual Salary/Wages</u>	

Job Title	Supervisor
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Reason for Leaving

(If you need additional space, please continue on a separate sheet of paper)

Additional Information

Summarize special job-related skills and qualifications acquired from employment or other experience.

NOTE: If you have a resume' please attach to this application.

EDUCATION

	Name and Address of School	Course Of Study	Years Completed	Diploma Degree
Elementary	_____	_____	_____	_____
	_____	_____	_____	_____
High School	_____	_____	_____	_____
	_____	_____	_____	_____
College	_____	_____	_____	_____
	_____	_____	_____	_____
Graduate	_____	_____	_____	_____
	_____	_____	_____	_____
Other (Specify)	_____	_____	_____	_____
	_____	_____	_____	_____

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race religion, national origin, age, ancestry, disability or other protected status:

Specialized Skills

List or describe special skills, equipment operated, or software exposure.

REFERENCES

1.)	_____	_____	_____
	Name	Address	Phone Number
2.)	_____	_____	_____
	Name	Address	Phone Number
3.)	_____	_____	_____
	Name	Address	Phone Number

I certify that all information I have provided in order to apply for and secure work with the employer is true, complete and correct.

I expressly authorize, without reservation, the employer, its representatives, employees or agents to contact and obtain information from all references (personal and professional), employers, public agencies, licensing authorities and educational institutions and to otherwise verify the accuracy of all information provided by me in this application, resume or job interview. I hereby waive any and all rights and claims I may have regarding the employer, its agents, employees or representatives, for seeking, gathering and using truthful and non-defamatory information, in a lawful manner, in the employment process and all other persons, corporations or organizations for furnishing such information about me.

I understand that this employer does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or eliminating any applicant from consideration for employment on any basis prohibited by applicable local, state or federal law.

I understand that this application remains current for 30 days. At the conclusion of that time, if I have not heard from the employer and still wish to be considered for employment, it will be necessary to reapply and fill out a new application.

If I am hired, I understand that I am free to resign at any time, with or without cause and without prior notice, and the employer reserves the same right to terminate my employment at any time, with or without cause and without prior notice, except as may be required by law. This application does not constitute an agreement or contract for employment. I understand that no supervisor or representative of the employer is authorized to make any assurances to the contrary and that no implied oral or written agreements contrary to the foregoing express language are valid unless they are in writing and signed by the Mayor.

I also, understand that if I am hired, I will be required to provide proof of identity and legal authority to work in the United States and that federal immigration laws require me to complete an I-9 Form in this regard.

I understand that any information provided by me that is found to be false, incomplete, misrepresented in any respect, will be sufficient cause to (i) eliminate me from further consideration for employment, or (ii) may result in my immediate discharge from the employer's service, whenever it is discovered.

DO NOT SIGN UNTIL YOU HAVE READ THE ABOVE APPLICANT STATEMENT.

Signature of Applicant

Date