# CITY OF FORT ATKINSON

## Employment Application

PLEASE PRINT OR TYPE

Date of Application_____

Name:_____
(Last) (First) (Middle)

Address:_____
(Number & Street) (City) (State) (Zip)

Phone:_____ Social Security Number:_____

Position(s) Applied For:_____

Referral Source: ❍ Advertisement ❍ Website ❍ Friend ❍ Relative ❍ Walk-in
❍ Other_____

If you are under 18 years of age, can you provide proof of eligibility to work? **Yes** or **No**
Can you provide written evidence of a right to work (I-9 form)? **Yes** or **No**
Have you filed an application here before? **Yes** or **No** If yes, give date_____
Have you ever been employed here before? **Yes** or **No** If yes, give date_____
Are you currently employed? **Yes** or **No** May we contact your present employer? Yes or No
Are you on Lay-off and Subject to recall? **Yes** or **No**
Are you available to work… Full Time or Part Time
On what date would you be available for work?_____
Do you hold a valid Drivers' License? **Yes** or **No** C.D.L. License? **Yes** or **No**

Have you been convicted of a felony within the last seven (7) years? **Yes** or **No** If yes, please explain: _____
_____
(Conviction will not necessarily disqualify applicant from employment)

## EDUCATION AND TRAINING

| Circle the highest grade or year completed in school<br>1 2 3 4 5 6 7 8 9 10 11 12 | Do you have a High School Diploma?<br>YES ❍ NO ❍<br>OR<br>Do you have a GED Equivalency?<br>YES ❍ NO ❍ | Name and Location of High School |
|---|---|---|

| TRAINING BEYOND HIGH SCHOOL (College or University, Nursing, Business College, or other schools you have attended). | | | Circle the number of years in College or University<br>1 2 3 4 5 6 7 8 | | |
|---|---|---|---|---|---|
| NAME & LOCATION | DATES ATTENDED FROM | TO | CREDITS EARNED | MAJOR FIELD | DEGREE CONFERRED & YEAR |
| | | | | | |
| | | | | | |
| | | | | | |

Describe any education or training you have which is not covered above, such as vocational school, correspondence courses, service schools, in-service training or volunteer work which you feel is relavant to the job or jobs for which you are applying. Also include relevant licenses, certificates and memberships in professional or technical associations. For clerical positions, please list typing speed and office machines that you operate (Please be specific)

## WORK EXPERIENCE

Provide a complete description. This information will be used if your application is accepted. Be Specific. Start with your most recent job, BE CERTAIN TO INCLUDE THE ARMED FORCES. For part-time work, show the average number of hours per month. Indicate any changes in job title under same employer as a separate position.

| | | |
|---|---|---|
| Employer | Kind of Business | Location (City & State) |
| Your Title | Reason for Leaving | Name, Address and Phone Number of Supervisor |
| Your Duties | | Total Time Employed ❍ FT ❍ PT |
| | | From(Month & Year) To(Month & Year) |
| | | Salary:<br>Beginning $_____ Per_____<br>Ending $_____ Per _____ |
| Employer | Kind of Business | Location (City & State) |
| Your Title | Reason for Leaving | Name, Address and Phone Number of Supervisor |
| Your Duties | | Total Time Employed ❍ FT ❍ PT |
| | | From(Month & Year) To(Month & Year) |
| | | Salary:<br>Beginning $_____ Per_____<br>Ending $_____ Per _____ |
| Employer | Kind of Business | Location (City & State) |
| Your Title | Reason for Leaving | Name, Address and Phone Number of Supervisor |
| Your Duties | | Total Time Employed ❍ FT ❍ PT |
| | | From(Month & Year) To(Month & Year) |
| | | Salary:<br>Beginning $_____ Per_____<br>Ending $_____ Per _____ |

Give name, address and phone number of THREE professional references.

1._____

2._____

3._____

CERTIFICATION STATEMENT

*(Please sign and date the following statement)*

I authorize the investigation of my personal character or employment record, and I hereby release all persons providing this information from any liability or damages. I certify that all answers to questions in this application are true, and I agree that my misstatement or omissions of material fact will cause disqualification in consideration of, or termination from employment of any kind with the City of Fort Atkinson. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Signature _____ Date _____