## City of Port Washington
APPLICATION FOR EMPLOYMENT
www.cityofportwashington.com
AN EQUAL OPPORTUNITY EMPLOYER

<table>
<thead>
<tr>
<th>Date:</th>
<th>Position Desired:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Full Time ❑ Part Time ❑ On-Call/Relief Hours ❑ Temporary/Limited Term Employment</td>
</tr>
</tbody>
</table>

How did you learn of this position?
- ❑ Newspaper: ___________________________  ❑ Employee
- ❑ Walk-In  ❑ Employment Agency
- ❑ Job Line  ❑ Internet
- ❑ Internal Posting  ❑ Other: ___________________________

### PERSONAL

<table>
<thead>
<tr>
<th>Name: (Last)</th>
<th>(First)</th>
<th>(M.I.)</th>
<th>Home Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Address: (Street)</th>
<th>(Apt #)</th>
<th>Business Phone:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(City)</th>
<th>(State)</th>
<th>(Zip)</th>
<th>Social Security #:</th>
</tr>
</thead>
</table>

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  
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.

<table>
<thead>
<tr>
<th>College, University or School – Name and Location</th>
<th>Dates Attended (Month/Year)</th>
<th>Presently Attending?</th>
<th>Major/Degree Received</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>From</td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
<tr>
<td></td>
<td>To</td>
<td>☐ Yes</td>
<td>☐ No</td>
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<td>☐ Yes</td>
<td>☐ No</td>
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<td></td>
<td></td>
<td>☐ Yes</td>
<td>☐ No</td>
</tr>
</tbody>
</table>

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.

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**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:  
____________________________________________________________________
____________________________________________________________________
____________________________________________________________________

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**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: ________________________________
## References

List persons who are familiar with your qualifications and background.

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
<th>Nature of Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
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<tr>
<td>2.</td>
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<td>3.</td>
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</table>
**SPECIAL SKILLS OR QUALIFICATIONS**

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

<table>
<thead>
<tr>
<th>List here any skills which you feel are applicable to this position:</th>
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</thead>
</table>

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)
<table>
<thead>
<tr>
<th>Address</th>
<th>City</th>
<th>State</th>
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</thead>
<tbody>
<tr>
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</table>

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: ___________________________
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 résumé, 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 do require if request is made for the names of the finalists 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, obtain 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. ____________________________

Signature: ______________________________

PLEASE PRINT (please state your full name, no nicknames):

First Name: ___________________________ Middle Initial: _______ Last Name: ___________________________

Date of Birth: ___________________________ Driver’s License #: ___________________________ State Issued: ___________________________

Street Address: ___________________________

City: ___________________________ State: ___________________________ Zip: ___________________________

Witness: ___________________________ Date: ___________________________