

CITY OF DELAFIELD - APPLICATION FOR EMPLOYMENT

500 Genesee Street
 Delafield, WI 53018
 (262) 646-6220
 (262) 646-6223 - FAX

(PLEASE TYPE OR PRINT CLEARLY)

Title of Position Applied For: _____

Name: _____ Soc. Sec.# _____ Phone _____

Address (Include Zip Code): _____

Have you ever been employed by the City of Delafield? Yes No

If yes, by whom, when, and in what position? _____

When will you be available for employment? _____

Do you currently hold a valid Wisconsin Driver's License? Yes No

DRIVER LICENSE NO. _____ Do you have transportation? Yes No

Circle the highest grade or year completed in school 1 2 3 4 5 6 7 8 9 10 11 12	Name and Location of School	Graduated? Yes <input type="checkbox"/> No <input type="checkbox"/>
--	-----------------------------	---

Training beyond high school, college or university, nursing, business college, or other schools you have attended. Under credits earned, indicate number of hours, Q for Quarter hours and S for semester hours.

CIRCLE NUMBER OF YEARS IN COLLEGE OR UNIVERSITY
1 2 3 4 5 6 7 8

College, University, or School Name and Location	Dates Attended From To	Credits Earned Sem. Or Qtr.	Major or Field	Degree Conferred & Year

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

SPECIAL SKILLS & QUALIFICATIONS

<p>Office Work:</p> <p>The following information must be provided if you are applying for positions requiring typing or shorthand ability:</p> <p>Number of words per minute: Typing _____ Shorthand _____</p> <p>Experience with machine transcription? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>List office machines other than typewriter which you can operate skillfully:</p>	<p>Served formal apprenticeship? Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>What trade? _____</p> <p>How long? _____</p> <p>When? _____</p> <p>Where? _____</p> <hr/> <p>Current license or registration as a member of some trade or profession</p>
--	---

List memberships in professional or technical associations:

The information obtained below will remain a part of the application only if the position applied for has particular security requirements or if the employer feels there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Have you ever been convicted of a crime other than a misdemeanor or summary offenses which have not been expunged by a court? Yes No If yes, please explain: (Use additional sheet of paper if necessary.)

EQUAL OPPORTUNITY EMPLOYERS

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

Important: The information requested below is used to aid us in determining your qualifications for the position. It is important that this data be as complete as possible in order that you receive maximum consideration. Please list present and past full and part-time employment. Give special attention to experience relating to the job for which you are applying. Be sure to give volunteer work and any related self-employment and military service. You need not go back beyond 10 years unless you feel prior experience is reasonably related to the position for which you are applying. Use additional sheets if necessary. You may also attach a brief resume to further explain your qualifications.

From (Mo. & Yr.)	Title of your PRESENT position		Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties		Address	
How long employed?			Name & Title of Supervisor	
Hours worked per week			Can we contact your present employer? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Starting Salary	Present Salary	Reason for leaving or considering change		

From (Mo. & Yr.)	Title of position held		Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties		Address	
How long employed?			Name & Title of Supervisor	
Hours worked per week			Reason for leaving	
Starting Salary	Last Salary			

From (Mo. & Yr.)	Title of position held		Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties		Address	
How long employed?			Name & Title of Supervisor	
Hours worked per week			Reason for leaving	
Starting Salary	Last Salary			

From (Mo. & Yr.)	Title of position held		Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties		Address	
How long employed?			Name & Title of Supervisor	
Hours worked per week			Reason for leaving	
Starting Salary	Last Salary			

PERSONAL REFERENCES

Name & Occupation	Address	Phone

CERTIFICATION STATEMENT: *(Read carefully before signing)* All information provided by me is true and correct to the best of my knowledge. I understand that false statements, omissions or misrepresentations may be cause for rejection or, if employed, may be cause for my immediate dismissal. By signing below I also authorize the City of Delafield and its assigns ("the City") to perform a background check on all information provided by me on this application, including but not limited to information relating to pending criminal charges, past criminal convictions, and education and employment history. I further authorize any holder of information pertaining to the information supplied by me on this application to release such information to the City, which shall remain confidential pursuant to Wisconsin law. I understand and agree that the City shall not be held liable in any respect for any actions taken by the City to check such information, nor shall the City be held liable in any respect if my employment is either denied or terminated as a result of any false statements, answers, or omissions made by me on this application or on any other document submitted in connection with my application for employment.

I understand this is a preliminary application and not a contract to employ me. If employed, I agree to comply with all rules of the City as a condition of continued employment.

Signature of Applicant

Date