CITY OF WAUPUN
APPLICATION FOR EMPLOYMENT

AN EQUAL OPPORTUNITY EMPLOYER

MAIL APPLICATION TO:
CITY OF WAUPUN
201 E. MAIN STREET
WAUPUN, WI 53963

920-324-7900 - PHONE
920-324-3980 - FAX
cityofwaupun.org - WEBSITE

INSTRUCTIONS:

To be filled out by the applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Answer all questions. Print neatly and accurately. Attach supplements if necessary. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

- Incomplete applications MAY NOT BE CONSIDERED.
- If resume is submitted, DO NOT write "see resume".
- DATE and SIGN this application.
- Please complete this application in blue or black ink. Do not type.
- You are not required to furnish any information, which is prohibited by federal, state or local law.

TITLE OF POSITION YOU ARE APPLYING FOR: _____

DEPARTMENT: _____

□ Full Time □ Part Time □ Seasonal

□ Temporary/Limited Term Employment

TODAY'S DATE: _____

Name: (Last) (First) (M.I.)

Home Phone:

( ) ___ ___ ___ - ___ ___ ___ ___

Current Address: (Street) (Apt. #)

_____

(City) (State) (Zip Code)

Business Phone:

( ) ___ ___ ___ - ___ ___ ___ ___

Can we contact you at this number?

□ Yes □ No

If yes, list hours _____

Permanent Address: (Street) (Apt. #)
(If different than current address)

_____

(City) (State) (Zip Code)

Are you a U.S. Citizen? □ Yes □ No

When will you be available for employment?

Are you legally eligible for employment in the United States? □ Yes □ No

Are you at least 18 years of age? □ Yes □ No

Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.

Email Address:

Can we contact you here?
□ Yes □ No

Have you ever been employed by the City of Waupun _____? □ Yes □ No

If Yes: when, in what position, and in what department? _____

The City of Waupun shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.

List any relatives employed by the City of Waupun or serving as elected or appointed officials:

Do you possess a valid Driver's License? □ Yes □ No

Do you possess a valid Commercial Driver's License? □ Yes □ No Type/Class: _____

Do you possess any other License? □ Yes □ No Type: _____

If you are applying for a job where you need to drive your car while on City business, can you make arrangements to meet the City's minimum liability insurance requirements on your vehicle ($100,000 each person bodily injury; $300,000 each accident bodily injury; $50,000 property damage liability)? □ Yes □ No

List any memberships in professional or technical associations.	List any current license or registration as a member of a trade or profession:

THIS SECTION MUST BE COMPLETED! Please list **ALL** instances in which you were convicted for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment. Please check □ Yes or □ No If Yes, please explain below (you may attach another sheet if necessary).
Approximate dates may be listed:

Date	Location	Charge	Court	Disposition of Case

NOTE: *A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.*

Did you graduate from high school? □ Yes □ No
Name of school: _____
Location of school: _____ If no, have you passed a high school equivalency or GED test: □ Yes □ No
Location: _____

Special skills & qualifications – *this information must be provided if you are applying for a position requiring these skills:*
Experience transcribing mechanically-recorded material? □ Yes □ No Typing speed (if known): _____ WPM
Experience using a 10-key adding machine? □ Yes □ No _____ KPM
List any additional office equipment which you can operate skillfully: _____
_____
List all computer software which you can operate skillfully: _____
_____
Foreign language (spoken or read with proficiency):
□ French □ German □ Spanish □ Hmong □ Other: _____
Are you a certified Police Officer? □ Yes □ No Date certified: _____ State certified by: _____

Equipment or Machinery Operation – List any and all equipment and machinery you have operated that may pertain to this position (example: Dump Truck, Skid Loader, Rubber Tire Backhoe, Riding Lawn Mower, etc.) ***(You may attach another sheet if necessary).***

_____

Training beyond high school:
College or university, technical, nursing, business college or other schools you have attended.

College, university or school – name, location and phone number	Presently attending	Major field	Type of degree received	Credits earned	GPA

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

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. Please list a minimum of prior ten year's experience and education.

Are you currently **unemployed**? □ No □ Yes, since _____

List any time periods of past **unemployed** status: _____

***Applicant Name**:* _____

EMPLOYMENT SECTION: (Please start with your most recent position – include military service)

From (month & year)	Title of your PRESENT/MOST RECENT position:	PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name) Phone Number	
Hours each week:	Address:	
Full time □ Part time □ Temporary □	Name and title of supervisor:	
Starting salary (indicate yearly, monthly or hourly):	If currently employed, may we contact that employer? □ yes □ no, not at this time Reason for leaving or considering change:	
Present salary (indicate yearly, monthly or hourly):	Number of employees you supervise: Were you involuntarily discharged? □ yes □ no	

From (month & year)	Title of position held:	PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name) Phone Number	
Hours each week:	Address:	
Full time □ Part time □ Temporary □	Name and title of supervisor:	
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised: Were you involuntarily discharged? □ yes □ no	
Present salary (indicate yearly, monthly or hourly):	Reason for leaving:	

From (month & year)	Title of position held:	PRIMARY DUTIES:
To (month & year)	Employer's Name (Company Name) Phone Number	
Hours each week:	Address:	
Full time □ Part time □ Temporary □	Name and title of supervisor:	
Starting salary (indicate yearly, monthly or hourly):	Number of employees you supervised: Were you involuntarily discharged? □ yes □ no	
Present salary (indicate yearly, monthly or hourly):	Reason for leaving:	

Please use a separate sheet of paper for additional employers

OTHER EXPERIENCE

(Include volunteer experience, internships, and/or jobs, not included in the employment section.)

Company Name/Location	Job Title	Dates Employed (month/year)	Annual salary	Full or part-time
		From: To:		
		From: To:		

Please explain any gaps in employment:_____
_____
_____
_____

REFERENCES

Work or education related (e.g., former employers, supervisors, co-workers, school faculty). No relatives/significant others.

NAME/TELEPHONE/ADDRESS	OCCUPATION	NATURE OF RELATIONSHIP
1.		
2.		
3.		
4.		
5.		

Applicant Name _____

AUTHORIZATION AND CERTIFICATION

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

_____ I authorize any person contacted to provide the City of Waupun any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of Waupun to request employment records from my present and/or former employer(s). I release and hold harmless the City of Waupun, their officers, agents and employees, and the person (s) providing the information from any liability related to the providing of this information.

Initial:

_____ I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the City of Waupun. I consent freely and voluntarily to participant in required drug tests and/or a pre-employment physical exam at a location selected by the City of Waupun, and consent to the release of the test results to the City of Waupun. I hereby release and hold harmless the City of Waupun, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

_____ I authorize the City of Waupun, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Waupun, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of Waupun only if it substantially releases to the position applied for.

Provide:

Date of Birth _____

Social Security Number _____

Driver's License Number _____

Initial:

_____ If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Waupun reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial:

_____ I agree to use such personal protective equipment and devices as may be required by the City of Waupun and to comply with safety rules and requirements. In addition, I understand that the City of Waupun maintains a workplace free from drugs, harassment and violence.

Initial:

_____ I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the City of Waupun has the authority to make any assurances to the contrary.

Initial:

_____ I understand that the City of Waupun has established a condition of employment for all Firefighters which prohibits the use of any tobacco product on or off duty during the entire tenure of employment. By initialing here I accept this policy and understand any violation of this policy in the future is grounds for immediate dismissal.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice – Wisconsin Open Records Law: Under Section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "Final Candidate" they can do so by making a separate request in writing.

The City of Waupun is committed to the equality of opportunity for all people. It is the policy of the City of Waupun to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

_____ _____

Applicant's Signature Date

Please use our website at www.cityofwaupun.org for more information about the City of Waupun **or for additional copies of this application.**

Last revised 1/6/2010