



CITY OF ST. FRANCIS
 4235 South Nicholson Avenue
 St. Francis, Wisconsin 53235

APPLICATION FOR EMPLOYMENT

READ CAREFULLY BEFORE FILLING OUT YOUR APPLICATION

A resume may not be substituted for this official application in whole or in part.

Study the minimum qualifications listed in the announcement. If you believe that you meet these qualifications, complete this application. Answer all questions applicable to the position for which you are applying. Be thorough. Your answers determine whether you will be considered for the position.

Your completed application, together with any additional information specified in the announcement, must be received not later than the closing date if specified in the announcement. Incomplete or unsigned applications cannot be processed.

Exact Title of Position Applying For: _____

Name: _____
First MI Last

Address: _____
House Number Street Name City State Zip

Home Phone: _____ Cell Phone: _____

Email: _____

Former Names Used: _____

Social Security #: _____ Date Available to Start: _____

| Education | Dates Attended | | Did you Graduate? | Course of study: List major, minor, & types of program pursued, etc | List type & date of degree, certificate, diploma, or other documents awarded | Credits Earned |
|---|----------------|--------------|------------------------------|---|--|----------------|
| | To (Mo/Yr) | From (Mo/Yr) | | | | |
| For each level of education which applies to you, please give the name, City, and State of the last school you attended | | | | | | |
| Undergraduate College | | | <input type="checkbox"/> Yes | | | |
| City/State | | | <input type="checkbox"/> No | | | |
| Graduate College | | | <input type="checkbox"/> Yes | | | |
| City/State | | | <input type="checkbox"/> No | | | |
| Business or Technical | | | <input type="checkbox"/> Yes | | | |
| City/State | | | <input type="checkbox"/> No | | | |
| Military or Correspondence | | | <input type="checkbox"/> Yes | | | |
| City/State | | | <input type="checkbox"/> No | | | |
| Other | | | <input type="checkbox"/> Yes | | | |
| City/State | | | <input type="checkbox"/> No | | | |

| | |
|--|---|
| Name of Employer _____ Address _____ Job Title _____ Duties _____ _____ Reason for Leaving _____ Name and Title of Immediate Supervisor _____ _____ | Dates of Employment From (Mo. & Yr.) _____ To (Mo. & Yr.) _____ Total Time (years & months) _____ <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Paid <input type="checkbox"/> Not Paid Hours per week _____ Starting Salary _____ Ending Salary _____ Number of employees supervised _____ Professional _____ Non-Professional |
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Summarize your special skills or qualifications for this position: _____

Have you ever been discharged or forced to resign from any position for reasons other than layoff due to lack of work? Yes No

If yes, give name of employer and brief explanation: _____

Are you 18 years of age or older? Yes No

If you are not a United States Citizen, do you have permission to work in the United States from the U.S. Immigration and Naturalization Service? Yes No (You will be required to submit proof of your permission to work if employed.)

What hours are you able to work? _____

Would you be available for weekend or holiday assignments? Yes No

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? Yes No

If yes, complete the following:

| Offense | Date | City and State | Fine or Sentence |
|---------|------|----------------|------------------|
| | | | |
| | | | |
| | | | |

NOTE: CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT AND WILL ONLY BE CONSIDERED WHERE A BONAFIDE OCCUPATIONAL QUALIFICATION EXISTS.

ATTENTION: READ THE FOLLOWING PARAGRAPH CAREFULLY BEFORE SIGNING THIS STATEMENT

A false answer to any question in this application may be grounds for not employing you, or for dismissing you after you begin work. All statements are subject to investigation, including a check of your fingerprints, police records, and former employers. All the information you give will be considered in reviewing your application.

CERTIFICATION: I CERTIFY that all of the statements made in this application are true, complete, and correct to the best of my knowledge and belief, and are made in good faith.

Applicant Signature

Date Signed

CITY OF ST. FRANCIS – AUTHORIZATION FOR RELEASE OF INFORMATION

(For official use only, not to be released to unauthorized person)

I hereby empower any employee of the Police Department, or other authorized representative bearing this release or copy thereof to, within two years of its date; obtain information and records pertaining to me from any or all of the following sources:

- | | |
|---|---|
| 1. Selective Service System | 7. Any school, college, university, or other educational institution |
| 2. Any banking or financial institution | 8. Any office, clinic, sanatorium, or hospital (where physical and/or mental in nature are diagnosed and treated) |
| 3. Any place of business (for purposes of obtaining credit or employee data) | 9. Any Motor Vehicle Department driver license records |
| 4. Credit rating bureaus or institutions maintaining individual credit rating files | 10. Any record of arrest(s) |
| 5. Any previous employers | |
| 6. Present employer | |

I hereby release any 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. _____

Any information received as a result of this authorization shall become a permanent entry in the personnel file of the applicant.

Full Name: _____
First MI Last Signature Date

Current Address: _____
House Number Street Name City State Zip

Date of Birth: _____ Witness: _____
Date Witnessed