



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			

References: List three persons we may contact at this time who are NOT related to you and have definite knowledge of your qualifications and fitness for the position for which you are applying. Do not give names of supervisors listed under Experience.

First & Last Name	Present Home Address (Including City, State, & Zip)	Business - Occupation

Special Skills and Qualifications (Please complete the following as they apply to the position for which you are applying)

Served Formal Apprenticeship? <input type="checkbox"/> Yes <input type="checkbox"/> No	Current License or Registration as a Member of a Trade or Profession:
What Trade:	Name/Kind
Number of Years: From: To:	Number:
Where:	Date Issued: Expiration Date:
Office Work	List office machines other than a typewriter which you can operate skillfully:
Typing (words per minute)	
Experience in transcribing mechanically recorded material?	
<input type="checkbox"/> Yes <input type="checkbox"/> No	

Do you possess a valid driver's license? Yes No

State: _____ License Number: _____ Expiration Date: _____

EXPERIENCE List your last four (4) jobs, including relevant volunteer experience. If you were employed under another name, include the name by which you were known by your employer. In Addition, List Any Earlier Experience Of Any Kind Required For This Position. Part-time work will be pro-rated in determining experience qualifications. If additional space is needed, attach a sheet of paper. Only those jobs listed will be considered in evaluating your qualifications.

THIS SECTION MUST BE FULLY COMPLETED EVEN IF YOU SUBMIT A RESUME.

Are you presently working? Yes No

Does the City of St. Francis have your permission to contact your present employer at this time? Yes No

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

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
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
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

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