

(With Driver's Information)

**EMPLOYMENT APPLICATION**

CITY OF ST. FRANCIS  
3400 EAST HOWARD AVE.  
ST. FRANCIS, WI 53235  
(414) 481-2232

POSITION APPLIED FOR:

NON SWORN PERSONNEL

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
                    Last                      First                      Middle

ADDRESS: \_\_\_\_\_  
                    No.                      Street                      City, State, Zip

PHONE: (\_\_\_\_) \_\_\_\_\_ SOCIAL SECURITY NO.: \_\_\_\_\_

Have you ever been convicted of a crime, excluding misdemeanors and summary offenses?  
\_\_\_\_ No \_\_\_\_ Yes. If yes, describe in full \_\_\_\_\_

Will you abide by the safety rules of the City? \_\_\_\_ No \_\_\_\_ Yes

Education: List all schools attended; elementary, high school, college, other:

Name & Address	Year From/To	Graduated Yes/No	Major

Describe any additional education, training or apprenticeships you had:

Work History: List in order, last or present employer first:

Dates of Employment	Name & Address of Employer & Supervisor	Rate of Pay Start/End	Type of Employment	Reason for Leaving

May we contact the employee listed above? If not, please indicate which should not be contacted:

Personal Reference (Excluding Former Employers or Relatives)

<u>Name &amp; Occupation</u>	<u>Address</u>	<u>Phone No.</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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**MILITARY SERVICE RECORD**

Were you in the Armed Services? \_\_\_ No \_\_\_ Yes.      If yes, what branch? \_\_\_\_\_  
 Dates of duty \_\_\_\_\_      Rank at discharge \_\_\_\_\_  
 List duties including special training \_\_\_\_\_

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**DRIVER INFORMATION:** To be completed by anyone who will drive employer's vehicles, whether regularly or occasionally.

Type of Driver's License you Hold	Issued by what State	Expiration Date	Driver License No.
<input type="checkbox"/> Operator <input type="checkbox"/> Comm'l Operator			
<input type="checkbox"/> Chauffeur			

Has your driver's license been revoked or suspended in last three (3) years? \_\_\_ Yes \_\_\_ No. If yes, explain: \_\_\_\_\_

How many years have you been driving? \_\_\_ Less than 1 yr. \_\_\_ 2-3yrs. \_\_\_ Over 3 yrs.

Any restrictions on your license? \_\_\_ Yes \_\_\_ No. If yes, explain: \_\_\_\_\_

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Did you have any moving traffic violations or accidents in the last 3 years? \_\_\_ Yes \_\_\_ No.

If yes, show details below:

Mo./Yr.	Description of violations (not parking)	Mo./Yr.	Descriptions of Accidents

The facts set forth in my application for employment are true and complete. I understand that if employed, false statements on this application will be considered sufficient cause for dismissal. You are hereby authorized to make any investigation of my personal history and financial and credit record through any investigative or credit agencies or bureaus of your choice.

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Signature of Applicant \_\_\_\_\_ Date \_\_\_\_\_