

**CITY OF KEWAUNEE
APPLICATION FOR EMPLOYMENT**

The City of Kewaunee is an equal opportunity employer and fully subscribes to the principles of Equal Employment Opportunity. It is the policy of this company to provide employment, compensation and other benefits related to employment based on qualifications, without regard to race color, religion, national origin, age, sex, veteran status or disability, or any other basis prohibited by federal or state law. As an equal opportunity employer, the City of Kewaunee intends to comply fully with all federal and state laws and the information requested on this application will not be used for any purpose prohibited by law. Disabled applicants may request any needed accommodation.

(please print or type)

POSITION APPLIED FOR: _____

___ FULL TIME ___ PART-TIME ___ SEASONAL ___ TEMPORARY

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL ___

ADDRESS: _____ CITY: _____ STATE: ___ ZIP CODE: _____

TELEPHONE: (____) ____ - ____ DAY TELEPHONE: (____) ____ - ____ EVENINGS (OPTIONAL)

* If you are under 18 years of age, can you provide required proof of your age? yes no

* Have you ever filed an application with the City of Kewaunee before? yes no

If Yes, give date _____

* Have you ever been employed with the City of Kewaunee before? yes no

If Yes, give date _____

* Are you currently employed? yes no

* May we contact your current employer? yes no

* Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status? yes no

* On what date would you be available for work? _____

* Have you been convicted of a crime: yes no
(Conviction will not necessarily disqualify an applicant from employment.)

If yes, please give detail. _____

EDUCATION

	NAME AND LOCATION OF SCHOOL	NUMBER YEARS COMPLETED	DID YOU GRADUATE	COURSE OF STUDY	DEGREE/ CERTIFICATE
ELEMENTARY	_____	_____	_____	_____	_____
HIGH SCHOOL	_____	_____	_____	_____	_____
COLLEGE	_____	_____	_____	_____	_____
OTHER	_____	_____	_____	_____	_____

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LIST ANY CURRENT LICENSES OR CERTIFICATES THAT YOU HOLD WHICH ARE REQUIRED FOR THIS POSITION AS DESCRIBED IN THE JOB DESCRIPTION: (You may include any other that you feel are significant to your qualifications for this job.) ATTACH A COPY OF ALL CERTIFICATES THAT ARE LISTED.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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LIST ANY SPECIAL SKILLS OR QUALIFICATIONS WHICH YOU FEEL ARE RELEVANT TO THE JOB FOR WHICH YOU ARE APPLYING:

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MILITARY:  
Branch \_\_\_\_\_ From \_\_\_\_\_ To \_\_\_\_\_

What were your duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMPLOYMENT HISTORY

Please give accurate and complete information. Start with present or most recent employer. Attach an additional sheet if necessary. You may also include a resume.

COMPANY NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMPLOYED FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ HOURLY PAY: START \_\_\_\_\_ LAST \_\_\_\_\_

POSITION & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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COMPANY NAME _____ TELEPHONE NO. _____

ADDRESS _____ EMPLOYED FROM ___ / ___ / ___ TO ___ / ___ / ___

NAME OF SUPERVISOR _____ HOURLY PAY: START _____ LAST _____

POSITION & RESPONSIBILITIES: _____

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COMPANY NAME \_\_\_\_\_ TELEPHONE NO. \_\_\_\_\_

ADDRESS \_\_\_\_\_ EMPLOYED FROM \_\_\_ / \_\_\_ / \_\_\_ TO \_\_\_ / \_\_\_ / \_\_\_

NAME OF SUPERVISOR \_\_\_\_\_ HOURLY PAY: START \_\_\_\_\_ LAST \_\_\_\_\_

POSITION & RESPONSIBILITIES: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## CERTIFICATION & SIGNATURE

Please read the following statements carefully before you sign your name or initial where indicated.

"I HEREBY CERTIFY that the answers given by me to the above questions and statements are true and correct and hereby authorize you to contact references (if references are requested any time in the hiring process), past or present employers, persons, schools, law enforcement agencies and any other sources of information which may be relevant to my application for employment. It is understood and agreed that any misrepresentation, false statement or omissions by me in this Application will be sufficient reason for rejection of my application or for dismissal at any time during my employment , without liability to the City of Kewaunee. I have read, understood and agree to the above statement. **PLEASE INITIAL HERE** \_\_\_\_\_

I further understand that no representative of the City of Kewaunee has the authority to enter into any agreement for employment for any specified period of time and that the City of Kewaunee is not guaranteeing employment for anyone. No employment contract is created by virtue of my being hired by the City of Kewaunee. I have read, understand and agree to the above statement. **PLEASE INITIAL HERE** \_\_\_\_\_

If employed, I agree to abide by all of the work and safety rules of the City of Kewaunee. I understand that the City of Kewaunee is committed to maintaining a drug-free workplace. I am aware that the City of Kewaunee may require a drug test as a part of the hiring process. Also, if employed, I realize that the City of Kewaunee conducts drug and alcohol testing of its employees in accordance with set policies and procedures. I have read, understand and agree to the above statement. **PLEASE INITIAL HERE** \_\_\_\_\_

SIGN HERE \_\_\_\_\_

DATE \_\_\_\_\_