



APPLICATION FOR EMPLOYMENT

**CITY OF KENOSHA**

*an Equal Opportunity Employer*  
 HUMAN RESOURCES DEPARTMENT  
 625-52nd Street, Room 205  
 KENOSHA, WISCONSIN 53140  
 (262) 653-4130 Fax 262.653.4127  
 www.kenosha.org

**PLEASE ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS MAY DISQUALIFY YOU.  
 PRINT ALL INFORMATION USING INK OR WORD PROCESSOR.**

Date \_\_\_\_\_ Position applied for \_\_\_\_\_

When Would You Be Available for Employment? \_\_\_\_\_

Full Name \_\_\_\_\_

Last

First

Middle

Address \_\_\_\_\_

Number & Street

City & State

Zip Code

Contact information \_\_\_\_\_

Home Phone

Cell

E-mail address

Do you meet the minimum requirements for this position?  Yes  No

As a minor can you provide proof of age in the form of a work permit?  Yes  No

Are you related to any City employee or elected official?  Yes  No

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

Would you be able to furnish an automobile if your job required one?  Yes  No

Do you possess a valid Commercial Driver's License (CDL)?  Yes  No

If yes, what class and what Endorsements? \_\_\_\_\_

Have you ever been convicted of any violations of law other than minor traffic violations **exclusive** of any juvenile record?

Yes  No If yes, please explain \_\_\_\_\_

MILITARY SERVICE DATES: From \_\_\_\_\_ To \_\_\_\_\_ NA \_\_\_\_\_

Do you claim Veteran's Preference Points?  Yes  No (A DD214 form must be submitted as proof.)

Do you claim additional Veteran's Preference Points for a Service connected disability?  Yes  No

(Proof of disability award must be submitted with application.)

EDUCATION AND TRAINING				
<u>Type of School</u>	<u>Name of School</u>	<u>Location (complete address)</u>	<u>Number of Years Completed</u>	<u>Major and Degree</u>
High School				
College				
Business or Trade School				
Professional School				

Describe any education or training you have had which is not covered on the preceding page such as on-line correspondence courses, military training, service schools, in-service training or volunteer work which you feel is relevant to the job or jobs for which you are applying? Also, include relevant licenses or certificates.

Have you belonged to an organization or have a hobby which has a direct bearing upon your certification for the job which you are seeking? If so, please list and explain.

**WORK EXPERIENCE:** Beginning with your most recent or present employer and working back, give a complete description of your work experience. List any paid or unpaid experience that may qualify you for a position. **Be certain to include military experience.** Indicate any changes in job title under the same employer as a separate position. Attach additional pages as necessary. You may include a resume with your application; however, all of the information asked for below must be provided. *(Do not use the statement "See Resume". Failure to provide information requested may result in disqualification.)*

EMPLOYER		ADDRESS	
CITY	STATE	TELEPHONE	
Type of Business:	Dates of Employment From _____ to _____		Job Title:
Duties:	Ending Salary	\$ _____	Supervisor's Name & Title
	Hours per week	_____	
	Reason for leaving or considering leaving:		

EMPLOYER		ADDRESS	
CITY	STATE	TELEPHONE	
Type of Business:	Dates of Employment From _____ to _____		Job Title:
Duties:	Ending Salary	\$ _____	Supervisor's Name & Title
	Hours per week	_____	
	Reason for leaving or considering leaving:		

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Duties:	Ending Salary	\$ _____	Supervisor's Name & Title
	Hours per week	_____	
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EMPLOYER		ADDRESS	
CITY	STATE	TELEPHONE	
Type of Business:	Dates of Employment From _____ to _____		Job Title:
Duties:	Ending Salary	\$ _____	Supervisor's Name & Title
	Hours per week	_____	
	Reason for leaving or considering leaving:		
Would you object to our contacting any of the above employers? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, name and give reasons:			

Are you able to perform the essential functions of the job to which you are applying with or without a reasonable accommodation?

Yes     No

Are you able to work on weekends, evenings or night shifts, if necessary?

Yes     No

Do you understand that part of the pre-employment process is a drug and alcohol screening?

Yes     No

Can you meet the residency requirements of this job?

Yes     No

I certify that all the statements in this application are complete and correct to the best of my knowledge, are made in good faith, and that I am physically able to perform the work assigned to me. I understand that employment is subject to taking a physical examination and meeting acceptable physical qualifications as may be determined by the City, and that any false information or omission of material fact contained herein may be cause for disqualification or termination of employment.

If an automobile is required to perform the job I am hired for, I understand that the City is not obligated to furnish one to me nor to continue providing one which at one time or another may be provided by the City.

I hereby authorize any individuals, companies or institutions with whom I have been associated to furnish the City of Kenosha with any information concerning my employability which they have on record or otherwise and do hereby release the individuals, companies or institutions connected therein from all liability for any damages whatsoever incurred in furnishing such information.

I further understand that the City of Kenosha will do a background check contingent on an offer of employment.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Sec.19.36(7), Wisconsin Statutes provide that every applicant for a position with the City may indicate in writing to the City that the applicant does not wish the City to reveal his or her identity. If an applicant makes such an indication in writing, the City shall not provide access to any record that may reveal the identity of the applicant, unless applicant is hired. The applicant understands nothing contained herein precludes his/her application from being admitted in evidence in the course of any litigation or administrative hearing. Please indicate your wish by signing one of the authorizations below:

I do not authorize my identity to be revealed.

I authorize my identity to be revealed.

Signature \_\_\_\_\_ Date \_\_\_\_\_