

APPLICATION FOR EMPLOYMENT

City of Fox Lake
243 E. State Street
P.O. Box 105
Fox Lake, WI 53933

We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or any other legally protected status.

(PLEASE PRINT)

Position(s) Applied For	Date of Application				
How Did You Learn About Us?					
<input type="checkbox"/> Advertisement <input type="checkbox"/> Relative <input type="checkbox"/> Inquiry <input type="checkbox"/> Employment Agency <input type="checkbox"/> Friend <input type="checkbox"/> Other _____					
Last Name	First Name	Middle Name			
Address	Number	Street	City	State	Zip Code
Telephone Number(s)	Social Security Number				
Best time to contact you at home is: : _____ AM PM					
If you are under 18 years of age, can you provide required proof of your eligibility to work? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Have you ever filed an application with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, give date _____					
Have you ever been employed with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No					
If Yes, give date _____					
Do any of your friends or relatives, other than spouse, work here? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No					
May we contact your present employer? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status <i>Proof of citizenship or immigration status will be required upon employment.</i> <input type="checkbox"/> Yes <input type="checkbox"/> No					
Date available for work ____/____/____ What is your desired salary range? _____					
Are you available to work:					
<input type="checkbox"/> Full-Time (please indicate 1 2 3 shift) <input type="checkbox"/> Part-Time (please indicate Mornings Afternoon Evenings) <input type="checkbox"/> Temporary (please indicate dates available ____/____/____ - ____/____/____)					
Are you currently on "lay-off" status and subject to recall? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Can you travel if a job requires it? <input type="checkbox"/> Yes <input type="checkbox"/> No					

EDUCATION

	Name and Address of School	Course of Study	Years Completed	Diploma Degree
Elementary School				
High School				
Undergraduate College				
Graduate Professional				
Other (Specify)				

Describe any specialized training, apprenticeship, skills and extra-curricular activities.

Describe any job-related training received in the United States military.

ADDITIONAL INFORMATION

Other Qualifications

Summarize special job-related skills and qualifications acquired from employment or other experience.

SPECIALIZED SKILLS (CHECK SKILLS/EQUIPMENT OPERATED)

Terminal

Spreadsheet

Production/Mobile
Machinery (list)

Other (list)

PC/MAC

Word Processing

Typewriter

Shorthand

WPM _____

WPM _____

State any additional information you feel may be helpful to us in considering your application.

Note to Applicants: DO NOT ANSWER THIS QUESTION UNLESS YOU HAVE BEEN INFORMED ABOUT THE REQUIREMENTS OF THE JOB FOR WHICH YOU ARE APPLYING.

Are you capable of performing in a reasonable manner, with or without a reasonable accommodation, the activities involved in the job or occupation for which you have applied? A review of the activities involved in such a job or occupation has been given. YES NO

REFERENCES

1.	(Name)	()	Phone #
	(Address)		
2.	(Name)	()	Phone #
	(Address)		
3.	(Name)	()	Phone #
	(Address)		

EMPLOYMENT EXPERIENCE

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities or other protected status.

1.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
2.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
3.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					
4.	Employer		Dates Employed		Work Performed
			From	To	
	Address				
	Telephone Number(s)		Hourly Rate/Salary		
			Starting	Final	
Job Title	Supervisor				
Reason for Leaving					

If you need additional space, please continue on a separate sheet of paper.

List professional, trade, business or civic activities and offices held.

You may exclude membership which would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status:

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open: Yes No

Position(s) Considered For: _____

Date _____

NAME: _____

POSITION: _____

DATE: ____ / ____ / ____

APPLICANT'S STATEMENT

I certify that answers given herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date

FOR PERSONNEL DEPARTMENT USE ONLY

Arrange Interview Yes No

Remarks _____

INTERVIEWER

DATE

Employed Yes No Date of Employment _____

Job Title _____ Hourly Rate/
Salary _____ Department _____

By _____

NAME AND TITLE

DATE

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