

# **CITY OF JANESVILLE** \_\_\_\_\_

APPLICATION FOR EMPLOYMENT

**PLEASE PRINT**

Date: \_\_\_\_\_

The City of Janesville is an equal opportunity employer and does not discriminate against any employee or applicant for employment on the basis of age, race, religion, creed, color, sex, sexual orientation, gender identity, national origin, or disability.

Note: If you have a physical or mental disability and you believe that an accommodation may be necessary in order to complete this application, please state the kind of accommodation which you believe is appropriate: \_\_\_\_\_

Please answer ALL questions. Print or write carefully. If you provide false, inaccurate, or incomplete information in this application form or in any interview or if you fail to disclose information requested in this application form or in any interview, you will not be eligible for employment, or, if you are hired, you will be subject to termination.

Name: \_\_\_\_\_ Social Sec. No.: \_\_\_\_\_

Have you ever used another name to identify yourself:  Yes  No

If yes: \_\_\_\_\_

Street: \_\_\_\_\_ How long? \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

How were you referred to us?  Newspaper ad  School  On my own  
 Current Employee  Agency  Other

Name of referral source? \_\_\_\_\_

Please note: This application form was designed for use by applicants for various positions -- clerical, professional, technical, administrative and manual. Answer the questions to the best of your ability. All information will be treated confidentially.

## **TYPE OF WORK DESIRED**

Indicate the position for which you are applying: \_\_\_\_\_

Do you wish to work:  Full time;  Part time;  Temporarily?

If part time, specify hours or days: \_\_\_\_\_

What is your minimum weekly salary requirement? \_\_\_\_\_

Date available for work \_\_\_\_\_

Do you have any commitments to another employer that might affect your employment with the City?

\_\_\_\_\_

**SKILLS**

Typing \_\_\_\_\_ WPM; Transcribe machine dictation  Yes  No

Machines you can operate: \_\_\_\_\_

Licenses or Certificates: \_\_\_\_\_

Do you have a valid drivers license?  Yes  No Lic. No.: \_\_\_\_\_

**EDUCATIONAL DATA**

School	Print Name, Number & Street, City, State & Zip Code for each School Listing	Number of Years Completed	Degree, Major, or Type of Course
High School			
College			
Graduate School			
Trade, Bus., Night, or Corres.			
Other			

**MILITARY EXPERIENCE**

Have you ever served in the U.S. Armed Forces?  Yes  No

If yes, what branch? \_\_\_\_\_

Dates of duty: From: \_\_\_\_\_ To: \_\_\_\_\_ Rank at Separation \_\_\_\_\_

Briefly describe your duties \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List present employer or most recent employer first (use other side of this application, if necessary).

May we contact these employers?  Yes  No

<b>Employer:</b>	<b>Employed From _____ Mo./Yr. To _____ Mo./Yr.</b>	<b>Supervisor's Name:</b>
<b>Address:</b>	<b>City/State:</b>	<b>Zip Code:</b>
<b>Telephone:</b>		<b>Your Job Title:</b>
<b>Your Salary Start:</b>	<b>Duties:</b>	<b>Duties:</b>
<b>Your Salary End:</b>	<b>Duties:</b>	<b>Duties:</b>
<b>Reason(s) for Leaving:</b>		

<b>Employer:</b>	<b>Employed From _____ Mo./Yr. To _____ Mo./Yr.</b>	<b>Supervisor's Name:</b>
<b>Address:</b>	<b>City/State:</b>	<b>Zip Code:</b>
<b>Telephone:</b>		<b>Your Job Title:</b>
<b>Your Salary Start:</b>	<b>Duties:</b>	<b>Duties:</b>
<b>Your Salary End:</b>	<b>Duties:</b>	<b>Duties:</b>
<b>Reason(s) for Leaving:</b>		

<b>Employer:</b>	<b>Employed From _____ Mo./Yr. To _____ Mo./Yr.</b>	<b>Supervisor's Name:</b>
<b>Address:</b>	<b>City/State:</b>	<b>Zip Code:</b>
<b>Telephone:</b>		<b>Your Job Title:</b>
<b>Your Salary Start:</b>	<b>Duties:</b>	<b>Duties:</b>
<b>Your Salary End:</b>	<b>Duties:</b>	<b>Duties:</b>
<b>Reason(s) for Leaving:</b>		

**GENERAL INFORMATION**

Are you legally authorized to work in the United States?  Yes  No

Are you below the age of 18?  Yes  No

Do you know of any reason why you cannot perform the essential functions of the job for which you are applying with or without reasonable accommodation?  Yes  No If yes, explain

\_\_\_\_\_

Have you ever been convicted of a felony? \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Nature

\_\_\_\_\_

Have you ever been convicted of a serious misdemeanor? \_\_\_\_\_ Date \_\_\_\_\_ Place \_\_\_\_\_ Nature \_\_\_\_\_

\_\_\_\_\_

Note: The term "convicted" includes a guilty plea, a plea of nolo contendere or no contest, a deferred judgement or adjudication, and an adjudication of guilt or delinquency as a minor.

(An affirmative answer will not automatically disqualify you from being considered as a candidate for employment. In making our decision, we will consider the number, nature, seriousness, recency of the convictions, and the relationship of those convictions to the position for which you have applied.)

Have you ever had your driver's license suspended or revoked?  Yes  No

Have you previously applied for employment by this City?  Yes  No If yes, when and under what name? \_\_\_\_\_

Have you previously been employed by this City?  Yes  No If yes, when and under what name? \_\_\_\_\_

\_\_\_\_\_

**REFERENCES (Not employers or relatives - at least three)**

Name and Address	Occupation	Phone

Names of relatives employed by City: \_\_\_\_\_

Person to be notified in case of emergency:

Name \_\_\_\_\_ Telephone \_\_\_\_\_

Address \_\_\_\_\_

Please include any other information you think would be helpful in considering you for employment, such as additional work experience, articles/books published, activities, accomplishments, etc. (You may exclude all information indicative of age, sex, sexual orientation, race, religion, creed, color, gender identity, national origin, or disability.)

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All applicants for employment are required to submit to a drug and alcohol test after a conditional offer of employment has been made. The results of the drug and alcohol tests will be provided to the Employer. If you are currently using illegal drugs or controlled substances, you are not eligible for employment. If you use illegal drugs or controlled substances after you have been employed, you will be subject to disciplinary action or dismissal. This policy does not apply to the use of medications which have been prescribed for an individual by a licensed medical practitioner and which are used strictly in accordance with the prescription.

**AGREEMENT** (Please read the following statements carefully before signing)

I hereby affirm that the information provided on this application (and accompanying resume, if any) is true and complete to the best of my knowledge. I also agree that falsified information or significant omissions may disqualify me from further consideration for employment and may be considered justification for dismissal if discovered at a later date.

I understand that my employment can be terminated, with or without cause, at any time at the discretion of either the City or myself. I understand that no administrative official of the City has any authority to enter into any agreement contrary to the foregoing or make any oral assurance or promise of continued employment.

I authorize persons, schools, my current employer (if applicable), law enforcement or other criminal agencies, and previous employers and organizations named in this application (and accompanying resume, if any) to provide any relevant information that may be required to arrive at an employment decision.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date