

CITY OF KENOSHA

AN AFFIRMATIVE ACTION EMPLOYER
MINORITY/FEMALE/DISABLED
APPLICATION FOR EMPLOYMENT

PERSONNEL DEPARTMENT, 625-52nd Street
KENOSHA, WISCONSIN 53140 (262) 653-4130

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS MAY DISQUALIFY YOU
PRINT ALL INFORMATION USING INK OR TYPEWRITER

Date _____ POSITION Applied For _____

When would you be available for employment? _____

Full Name _____
Last First Middle

Address _____
Number & Street City & State Zip Code

Phone _____ How long have you been a resident of Kenosha County
Home Business immediately prior to application? _____ Years _____ Months

Are you 18 years or over/ Yes _____ No _____
If not, state birth date _____
Are you related to any city Employee
or elected official? _____ Yes _____ No

Do you possess a valid WI driver's license? _____ Other _____
Name/relationship _____
Driver's License Number _____

Do you possess a valid Commercial Driver's License (CDL)? _____
If so, what class and what Endorsements? _____
Would you be able to furnish an automobile
if your job required one? _____

Have you ever been convicted of any violations of law other than minor traffic violations exclusive of any juvenile record? _____
If so, please explain _____

Dates of Military Service: From _____ To _____

Do you claim Veteran's Preference Points? _____ (A DD214 form must be submitted with application as proof)

Do you claim additional Veteran's Preference Points for a Service connected disability? _____
(Proof of disability award must be submitted with application)

EDUCATION AND TRAINING						
Name, City and State of High School:						
Training beyond high school (college or university, technical school, nursing, business college, military or other training you have received):						
Name and Location	Dates Attended		Major or Field of Study	Credits	GPA/Base	Degree and Date Earned
	From	To				

Describe any education or training you have had which is not covered on the preceding page such as vocational school, correspondence courses, 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 a club, organization, society or professional group 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.)*

MOST RECENT OR CURRENT EMPLOYER:

ADDRESS:

CITY:

STATE:

TELEPHONE:

Kind of Business:

Dates of Employment:

Job Title:

from ____ to ____

Duties:

Ending
Salary \$ ____

Hours per
week: ____

Supervisor's Name & Title:

Reason for Leaving or Considering Leaving:

MOST RECENT OR CURRENT EMPLOYER:

ADDRESS:

CITY:

STATE:

TELEPHONE:

Kind of Business:

Dates of Employment:

Job Title:

from ____ to ____

Duties:

Ending
Salary \$ ____

Hours per
week: ____

Supervisor's Name & Title:

Reason for Leaving or Considering Leaving:

MOST RECENT OR CURRENT EMPLOYER:		ADDRESS:	
CITY:	STATE:	TELEPHONE:	
Kind of Business:	Dates of Employment: from ____ to ____	Job Title:	
Duties:	Ending Salary \$ ____	Hours per week: ____	Supervisor's Name & Title:
	Reason for Leaving or Considering Leaving:		

MOST RECENT OR CURRENT EMPLOYER:		ADDRESS:	
CITY:	STATE:	TELEPHONE:	
Kind of Business:	Dates of Employment: from ____ to ____	Job Title:	
Duties:	Ending Salary \$ ____	Hours per week: ____	Supervisor's Name & Title:
	Reason for Leaving or Considering Leaving:		

MOST RECENT OR CURRENT EMPLOYER:		ADDRESS:	
CITY:	STATE:	TELEPHONE:	
Kind of Business:	Dates of Employment: from ____ to ____	Job Title:	
Duties:	Ending Salary \$ ____	Hours per week: ____	Supervisor's Name & Title:
	Reason for Leaving or Considering Leaving:		

Would you object to our contacting any of the above employers? _____ If so, name and give reasons: _____

SKILLS INVENTORY: In the space below indicate the number of years you have in any of the following areas if they are related to the job you are applying for.

TASK/MACHINE	YEARS EXPERIENCE	TASK/MACHINE	YEARS EXPERIENCE
Accounting/Bookkeeping/Payroll	_____	Blueprint Reading	_____
Adding Machine/Calculator	_____	Carpentry	_____
Cash Register	_____	Concrete	_____
Computer Keyboard Entry	_____	Cost Estimating	_____
Dictating Machine	_____	Drafting	_____
Duplicating Equipment	_____	Electrical	_____
Filing	_____	Glazing	_____
Reception	_____	Heating	_____
Stenography WPM_____	_____	Heavy Equipment	_____
Typing WPM_____	_____	Landscaping	_____
Word Processor	_____	Masonry	_____
Air Conditioning	_____	Mechanical Equipment Repair	_____
Asphalt	_____	Painting	_____
Auto/Truck Mechanic	_____	Plumbing	_____
Auto Parts	_____	Truck Driving	_____

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.

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.

Signature _____ Date _____

I authorize my identity to be revealed.

Signature _____ Date _____