



CITY OF EVANSVILLE EMPLOYMENT APPLICATION

Please print or type all information and return to: **City of Evansville, 31 S. Madison St., Evansville, WI 53536-1399**

| | | |
|-----------------------|-----------------------|--------------------------|
| Last Name | First Name | Middle Name |
| Full Address | | |
| Home Phone () - - | Work Phone () - - | Soc. Security # - - - |

Position Applied For _____ Date of Application _____

Are you at Least 18 Years of Age? _____ Date Available _____

Do you have a Valid Driver's License? _____ CDL ? _____ Driver's License Number _____

Have you ever been convicted of any violations of law other than minor traffic violations (The City, as a matter of policy, does not use a conviction record unless it is substantially related to circumstances of the particular job)? _____

If yes, for what have you been convicted, when and where? _____

Are you a U.S. Citizen or do you have a legal right to work? _____

Are you willing to take a pre-employment physical and drug screen? _____

Is any member of your family employed by the City of Evansville? If yes, provide name, relationship and department employed.

| EDUCATION AND TRAINING | | | | | |
|---|----------------|----------------|----------------------------------|----------|---------------|
| Do you have a High School Diploma? Yes/No | | OR | Name and Location of High School | | |
| Do you have a GED Equivalency? Yes/No | | | | | |
| Education Beyond High School (College, University or other schools you have attended) (Attach a separate sheet with additional relevant information) | | | | | |
| Name and Location | Dates Attended | Credits Earned | Major Field | GPA/Base | Degree & Year |
| | | | | | |
| | | | | | |
| Please describe any specialized training you have which is not covered above, such as courses taken, in-service training, safety training, or volunteer work which you feel is relevant to the job for which you are applying. Also, include relevant licenses, certificates, or memberships in professional or technical associations. For office positions, please include your typing speed and list types of office and computer equipment you can operate. _____ | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

WORK EXPERIENCE

Please provide a complete description. This information will be used to determine if your application is accepted. Please start with your current or most recent job first. (Attach a separate sheet with additional relevant information)

| | | | |
|-------------------------|---------------------------|---------------------------|--------------|
| Employer | Telephone | Dates | |
| Address | Supervisor | From | To |
| | May We Contact | Yes / No | |
| Duties Performed | | Hourly Rate/Salary | |
| | | Starting | Final |
| | | \$ | \$ |
| Position Title | Reason for Leaving | | |
| Employer | Telephone | Dates | |
| Address | Supervisor | From | To |
| | May We Contact | Yes / No | |
| Duties Performed | | Hourly Rate/Salary | |
| | | Starting | Final |
| | | \$ | \$ |
| Position Title | Reason for Leaving | | |
| Employer | Telephone | Dates | |
| Address | Supervisor | From | To |
| | May We Contact | Yes / No | |
| Duties Performed | | Hourly Rate/Salary | |
| | | Starting | Final |
| | | \$ | \$ |
| Position Title | Reason for Leaving | | |
| Employer | Telephone | Dates | |
| Address | Supervisor | From | To |
| | May We Contact | Yes / No | |
| Duties Performed | | Hourly Rate/Salary | |
| | | Starting | Final |
| | | \$ | \$ |
| Position Title | Reason for Leaving | | |

PERSONAL/PROFESSIONAL REFERENCES (NON RELATED)

| Name | Address | Phone | Relationship |
|-------------|----------------|--------------|---------------------|
| | | | |
| | | | |
| | | | |

I certify that all answers to questions in this application are true, and I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment with the City of Evansville. I authorize the investigation of my personal character or employment record, and I hereby release all persons providing this information from any liability or damages.

Signature

Date

CITY OF EVANSVILLE
AN EQUAL OPPORTUNITY EMPLOYER