

City of Menasha

Application for Employment -- Seasonal/Casual Part-time

To be filled out by applicant only. If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form. Exclude any reference that may reveal or tend to reveal your race, color, religion, national origin, creed, age, marital status, sex, sexual orientation or disability.

Instructions: <ul style="list-style-type: none"> Please print or type Answer all questions on application Date and sign application Incomplete applications will be rejected.	Mail application to: Personnel Department City of Menasha 140 Main Street Menasha, WI 54952
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Position applying for: 1) _____ 2) _____ 3) _____	When will you be available for employment? Days and hours available for work:
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Name: (Last) _____ (First) _____ (M.I.) _____	Today's Date: _____
Address: _____ (Street) _____ (City) _____ (State) _____ (Zip Code) _____	Telephone: Home: _____ Cell: _____
E-Mail Address: _____ Can we contact you here? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you ever been employed by the City of Menasha? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes: when, in what position, and in what department?
<i>The City of Menasha shall prohibit employment of an individual if he/she would be directly supervising or receiving direct supervision from a family member.</i> List any relatives employed by the City of Menasha or serving as elected or appointed officials: _____	
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.</i>	Are you eligible for employment in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No

Place a check by each license or current certificate you possess:

<input type="checkbox"/> Driver's license <input type="checkbox"/> CPR -- Adult Date: _____ <input type="checkbox"/> CPR -- Child Date: _____	<input type="checkbox"/> WSI Certificate Date: _____ <input type="checkbox"/> First Aid Cert. Date: _____ <input type="checkbox"/> Life Guard Cert. Date: _____	<input type="checkbox"/> WIAA Official: List sports: _____ <input type="checkbox"/> Other: _____
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List any skills, training or other qualifications which you feel are relevant to the job(s) applied for (include volunteer and school related activities): _____
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EDUCATION SECTION.

Circle the highest year completed in high school 9 10 11 12	Name/Location of High School	Did you graduate from high school or obtain GED? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Training beyond high school College or university, technical, nursing, business college or other schools you have attended					
School name, location and phone number	Presently attending	Major field	Type of degree received	Credits Earned	GPA

EMPLOYMENT SECTION. Please start with most recent position – include military service.

Employer Name		Phone Number		Job Title:	
Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Performed: _____ _____ _____	
Name and title of supervisor		Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Dates Employed			
		From	To	Start	End

Employer Name		Phone Number		Job Title:	
Address		May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No		Work Performed: _____ _____ _____	
Name and title of supervisor		Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving:	<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Dates Employed			
		From	To	Start	End

Please use a separate sheet of paper for additional employers

THIS SECTION MUST BE COMPLETED Please list **ALL** instances in which you were convicted as an adult for crimes (misdemeanors or felonies), ordinance violations and traffic violations. List all pending adult criminal charges (misdemeanors or felonies). Failure to include all information requested under this section may result in denial of employment. Part of the application process involves a background check including traffic record and local ordinance violations.

CHECK HERE IF NOT APPLICABLE
Approximate dates may be listed.

Date	Location	Charge	Court	Disposition of Case

Note: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Read carefully before signing. The information provided in this Application for Employment is true, correct and complete. If employed, any misstatement or omission of fact on this Application may result in my dismissal. I authorize investigation of all statements contained in this Application as may be necessary in arriving at an employment decision. This Application shall be considered active for a period of time not to exceed 60 days. I understand that I am required to abide by all rules and regulations of the City of Menasha. I understand that acceptance of an offer or employment does not create a contractual obligation upon the employer to employ me in the future.

Applicant's Signature

Date

CITY OF MENASHA
AMERICANS WITH DISABILITIES ACT (ADA)
EMPLOYMENT APPLICATION PROCESS
REQUEST FOR APPLICATION

Applicant Name: _____ Date _____

An individual is protected under the ADA if he/she is a qualified individual with a disability who, with or without reasonable accommodations, can perform the essential functions of the employment position. ADA section 3(2) defines disability, with respect to the individual, as: a) a physical or mental impairment that substantially limits one or more of the major life activities of such individual; b) a record of such an impairment; or c) being regarded as having such an impairment.

Please list the accommodations and reason for request:

SIGNATURE

DATE