



**Did you graduate from high school?**  Yes  No  
 Name/location of school: \_\_\_\_\_  
 If no, have you passed a high school equivalency or GED test?  Yes  No Location: \_\_\_\_\_

**Special Skills and Qualifications** – complete if position requires these skills:  
 Experience transcribing mechanically-recorded material?  Yes  No Typing speed (if known): \_\_\_\_\_ wpm  
 Experience using a 10-key adding machine?  Yes  No  
 List any additional office equipment which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_  
 List all computer software which you can operate skillfully: \_\_\_\_\_  
 \_\_\_\_\_

Check the types of equipment that you are qualified to operate:

<input type="checkbox"/> Dump Truck	<input type="checkbox"/> Tandem truck	<input type="checkbox"/> Skid Steer
<input type="checkbox"/> Pick-up Truck	<input type="checkbox"/> Riding mower	<input type="checkbox"/> Tractor
<input type="checkbox"/> Grader	<input type="checkbox"/> Dozer/Crawler	<input type="checkbox"/> Backhoe
<input type="checkbox"/> Scraper	<input type="checkbox"/> Snow plow	<input type="checkbox"/> Welder
<input type="checkbox"/> Large/small roller	<input type="checkbox"/> Front-end loader	<input type="checkbox"/> Fork lift
<input type="checkbox"/> Chain saw	<input type="checkbox"/> Articulated loader	

Others (please list): \_\_\_\_\_

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

**THIS SECTION MUST BE COMPLETED** 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.

**IMPORTANT:** You must complete the employment sections of this application. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list a minimum of prior ten years' experience and education.

Are you currently unemployed?  No  Yes, since \_\_\_\_\_  
 List any periods of unemployed status: \_\_\_\_\_  
 Were you eligible for unemployment compensation?  No  Yes, please list dates: \_\_\_\_\_

Applicant Name: \_\_\_\_\_

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

From (mo/yr)	Title of your current/recent position:		Primary duties: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (mo/yr)	Company Name	Phone Number	
Hours each week:	Address		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Name and title of supervisor		
Starting wage/salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for considering change/leaving	
Present wage/salary:	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (mo/yr)	Title of your current/recent position:		Primary duties: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (mo/yr)	Company Name	Phone Number	
Hours each week:	Address		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Name and title of supervisor		
Starting wage/salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for considering change/leaving	
Present wage/salary:	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (mo/yr)	Title of your current/recent position:		Primary duties: _____ _____ _____ _____ _____ _____ _____ _____ _____ _____
To (mo/yr)	Company Name	Phone Number	
Hours each week:	Address		
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Temporary	Name and title of supervisor		
Starting wage/salary:	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for considering change/leaving	
Present wage/salary:	Number of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Please use a separate sheet of paper for additional employers**

**OTHER EXPERIENCE**

(Include volunteer experience, internships, and/or jobs, not included in the employment section)

Company Name/Location	Job Title	Dates Employed (month/year)	Annual Salary	Full or Part-time

**Have you ever been warned or disciplined for any of the following occurrences in your previous or current employer?**

- Attendance  Yes  No. If yes, please explain \_\_\_\_\_
- Performance problems  Yes  No. If yes, please explain \_\_\_\_\_
- Inability to get along with others  Yes  No. If yes, please explain \_\_\_\_\_
- Safety violations  Yes  No. If yes, please explain \_\_\_\_\_
- Harassment  Yes  No. If yes, please explain \_\_\_\_\_
- Violent behavior  Yes  No. If yes, please explain \_\_\_\_\_
- Inappropriate use or possession of alcohol  Yes  No. If yes, please explain \_\_\_\_\_
- Inappropriate use or possession of a drug  Yes  No. If yes, please explain \_\_\_\_\_

Have you ever been suspended from any position?  Yes  No. If yes, please explain (including date, location, employer and situation): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please explain any gaps in employment. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**References**

Work or education related (such as former employers, supervisors, co-workers, school faculty). No relatives/significant others.

Name/Telephone/Address	Occupation	Nature of Relationship
1.		
2.		
3.		
4.		

Applicant Name: \_\_\_\_\_

### **AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Personnel Department representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand and agree to abide by these statements.

Initial:

\_\_\_\_\_

I agree to execute release authorization forms as required by the City of Menasha to request employment records from my present and/or former employer(s). This release may include any and all information regarding my employment, education and other information concerning any of the subjects covered by the application which may include, but not be limited to, application of employment, performance evaluations, work records, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I release and hold harmless the City of Menasha, their officers, agents and employees, and the person(s) providing the information from any liability related to the providing of this information.

Initial:

\_\_\_\_\_

I understand that after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the City of Menasha. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Menasha, and consent to the release of the test results to the City of Menasha. I hereby release and hold harmless the City of Menasha, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial:

\_\_\_\_\_

I authorize the City of Menasha, its officers, agents, and employees to conduct a background criminal check and a check with the Department of Transportation prior to making a decision regarding employment. I release and hold harmless the City of Menasha, their officers, agents, and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the City of Menasha only if it substantially relates to the position applied for.

Initial:

\_\_\_\_\_

If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the City of Menasha reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.

Initial:

\_\_\_\_\_

I agree to use such personal protective equipment and devices as may be required by the City of Menasha and to comply with safety rules and requirements. In addition, I understand that the City of Menasha maintains a workplace free from drugs, harassment and violence.

Initial:

\_\_\_\_\_

I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the City of Menasha has the authority to make any assurances to the contrary.

I hereby certify that all statements made on or in connection with my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Notice – Wisconsin Open Records Law: Under section 19.36(7) of Wisconsin Statutes, the names of the “Final Candidates” must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a “Final Candidate” they can do so by making a separate request in writing.

The City of Menasha is committed to the equality of opportunity for all people. It is the policy of the City of Menasha to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification.

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

\*\*\*PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION\*\*\*

### CITY OF MENASHA – PERSONNEL DEPARTMENT – RECRUITMENT INFORMATION

This form is not a part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for City employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's Affirmative Action efforts. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

#### PLEASE PRINT OR TYPE

1. **NAME:** \_\_\_\_\_  
Last First M.I.

2. **ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

3. **POSITION APPLYING FOR:** \_\_\_\_\_

4. **GENDER:** Please check  Male  Female

5. **RACIAL GROUP:** How do you describe yourself in terms of the following groups?

<input type="checkbox"/> A	<b>White, not of Hispanic origin</b> – Peoples having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/> F	<b>Hispanic or Latino (white race only)</b> – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of the white race.
<input type="checkbox"/> B	<b>Black or African American, not of Hispanic origin</b> – Peoples having origins in any of the black racial groups of Africa.	<input type="checkbox"/> G	<b>Hispanic or Latino (all other races)</b> – A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than white.
<input type="checkbox"/> C	<b>Asian</b> – Persons having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent. This includes, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, and the Philippine Islands.	<input type="checkbox"/> H	<b>American Indian or Alaskan Native</b> – a PERSON WITH ORIGINS IN ANY OF THE ORIGINAL PEOPLES OF North America and South America (including Central America) who maintains cultural identification through tribal affiliation or has community attachment.
<input type="checkbox"/> D	<b>Native Hawaiian or Other Pacific Islander</b> – A person having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.	<input type="checkbox"/> I	<b>Race Missing or Unknown</b> – Applies to applicants only when a resume or application that is screened is received with no racial or ethnic identification, and no further contact is made with the applicant.
<input type="checkbox"/> E	<b>Hispanic or Latino (all races)</b> – Persons of Mexican, Puerto Rican, Cuban, Central, or South American, or other Spanish culture or origin, regardless of race. Portuguese individuals should be excluded from this category and classified according to race.		

6. **RECRUITMENT:** How did you hear about the job which you are applying for? (Check one only)

A Appleton Post Crescent  E Word of mouth from \_\_\_\_\_  
 B Another newspaper/journal \_\_\_\_\_  F City of Menasha website  
 C Employment Inquiry Form on file with City  G Internet website \_\_\_\_\_  
 D Bulletin board at \_\_\_\_\_  H Other \_\_\_\_\_

7. **VETERAN STATUS:** (Please check one)

A None  B Veteran – Branch of service \_\_\_\_\_  C Active Reserves  
Years \_\_\_\_\_ Type of discharge \_\_\_\_\_

The American with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment.”

Based on this definition, are you an individual with a disability?  Yes  No

**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**