

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 Please list **ALL** instances in which you were convicted as an adult for crimes (misdemeanors or felonies), ordinance violations, traffic violations and the like. Also, please list all criminal charges (misdemeanors or felonies) currently pending against you. Failure to include all information requested under this section may result in denial of employment.
 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

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