City of Kaukauna
144 W. Second Street
P.O. Box 890
Kaukauna, WI 54130
(920) 766-6310
fax: (920) 766-6324

EMPLOYMENT APPLICATION

In compliance with federal and state equal employment opportunity laws, qualified applicants are considered for all positions without regard to age, race, creed, color, handicap/disability, marital status, gender, national origin, ancestry, sexual orientation, military service, non job-related arrest or conviction record or any other basis prohibited by law.

Are you at least 18 years of age? Y ☐ N ☐

If No, are you at least 16 years of age? Y ☐ N ☐ **Do you have a valid driver's license?** Y ☐ N ☐

Position(s) Applied For:	**Type of Employment:** **Full-Time** ☐ **Summer** ☐ **Part-Time** ☐ **Temporary** ☐	**Date of Application:** _____ **Date Available for Work:**

Name of Applicant:	**Last Name**	**First Name**	**Middle Initial**
Address (No., Street, Apt. No., City , State, ZIP)			

Primary Telephone ( )	**Secondary Telephone** ( )	**E-mail Address**
Previous Addresses Within the Last 3 Years Other Than Address Above		

Education

School	Name and Address of School	No. of Yrs. Completed	Major Subjects	Diploma/ Degree
High School				Y/N
College/Technical College				Y/N
Graduate School				Y/N
Other (Specify)				Y/N

Special Skills

1. If relevant, please describe word processing speed, software knowledge, and technical equipment experience.

2. If relevant, please describe experience using any machinery and equipment.

3. Other qualifications. (Summarize certifications, special job-related skills, and qualifications acquired from employment or other experience.)

Work Experience (Start with most recent; use separate sheet if necessary.)

1. Name of Employer		Telephone ( )
Address		Name/Title of Immediate Supervisor:
Job Title	Employment Dates (Month and Year) From: To:	May we contact for reference? Yes ☐ No ☐
Description of Duties		Starting Compensation
Reason for Leaving		Final Compensation
What did you like most about this job?		
What did you like least about this job?		

2. Name of Employer		Telephone ( )
Address		Name/Title of Immediate Supervisor:
Job Title	Employment Dates (Month and Year) From: To:	May we contact for reference? Yes ☐ No ☐
Description of Duties		Starting Compensation
Reason for Leaving		Final Compensation
What did you like most about this job?		
What did you like least about this job?		

3. Name of Employer		Telephone ( )
Address		Name/Title of Immediate Supervisor:
Job Title	Employment Dates (Month and Year) From: To:	May we contact for reference? Yes ☐ No ☐
Description of Duties		Starting Compensation
Reason for Leaving		Final Compensation
What did you like most about this job?		
What did you like least about this job?		

Are you prevented from lawfully becoming employed in this country because of a visa or immigration status? Yes ☐ No ☐
(If hired, proof of citizenship or immigration status will be required.)

Have you ever been employed with us before? Yes ☐ No ☐

If yes, when?_____

Do you know anyone who works at the City of Kaukauna? Yes ☐ No ☐

Name:_____

Have you ever been terminated or disciplined at a job?

Yes ☐ No ☐ If so, list the employer, date and nature of alleged offense.

Personal/Professional References

Name	Relationship	Address	Telephone

1. *I hereby certify that all statements and facts set forth in my application are true and complete. I understand that any false statement, concealment, or failure to answer any question fully and accurately will be grounds for terminating my employment, if I am hired by the City of Kaukauna (City).*

2. *It is my understanding that the City will make a thorough investigation of my employment history and may verify all data given in my application for employment, related papers, or oral interviews.*

3. *I authorize investigation of all statements and matters contained in my employment application, which the City may deem relevant to my employment. I authorize all former employers and educational institutions to release to the City all information and records pertaining to me.*

4. *I release the City, my past employers, and other people having information concerning me from all claims or liabilities based on the inquiries or disclosures authorized by this agreement.*

5. *If I become employed, I agree to comply with all City rules, regulations, and policies and learn and understand all policies and policy revisions as set forth by the City. I understand that failure to do so will subject me to disciplinary action up to and including termination of employment. I also understand that any employment will occur on an at-will basis, meaning that either I or the City can terminate the employment relationship at any time, with or without notice, and with or without cause or reason.*

Dated this _____ day of _____, 20_____.

Signature of Applicant: _____