



City of Kaukauna
 144 W. Second Street
 P.O. Box 890
 Kaukauna, WI 54130
 (920) 766-6375
 fax: (920) 462-0248

SEASONAL REHIRE 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

Seasonal Position(s) Applied For:		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	

BACKGROUND CHECK INFORMATON

Have you ever been convicted OR do you have any charges pending since you last completed this form? You must include traffic and local ordinance citations (<i>provide answer on right</i>). You are required to include convictions that have been EXPUNGED. If YES, list charge(s) and year below.		<input type="checkbox"/> Yes	<input type="checkbox"/> No
		Does not automatically bar you from employment/volunteering.	
Charge	Year	Charge	Year

- 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).*
- 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.*
- 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.*
- 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.*
- 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: _____