City of Delavan
Employment Application

Print

The City of Delavan is an Equal Opportunity drug free workplace employer.

Overview of the hiring and employment process: This application is one part of the hiring and employment process. Other parts may include an interview, an employment examination or test, and a demonstration of an ability to perform the essential functions of the job. Prior to completing this application be sure to read the JOB DESCRIPTION of the position for which you are applying.

As you complete the application, please bear in mind the following: if an item does not apply to you, write N/A; we reserve the right to check all information for accuracy and completeness; all applications for employment are a matter of public record. Any misstatements or omissions of material fact herein may cause any offer of employment made by the City of Delavan to be withdrawn or employment with the City terminated. Failure to fully complete this application in a legible manner may result in immediate rejection. This application will be considered active only until the position for which it has been submitted has been filled. Any applicant wishing to be considered for employment other than the position applied for should inquire as to when applications are being accepted and reapply.

● General Information

Date of Application: _____ Position Desired: _____

Application required for each position desired

If hired, on what date can you start working? _____

Can you work on the weekends? ☐Yes ☐No Can you work evenings? ☐Yes ☐No

Are you available to work overtime? ☐Yes ☐No If hired, would you have transportation to/from work? ☐Yes ☐No

_____

Have you applied with the City Before? ☐Yes ☐No

Have you been employed by the City Before? ☐Yes ☐No

If YES, please complete the following: Position Held: _____

Department: _____ Length of Service: _____

● Personal Information

Applicant's Name: _____

Last *First* *Middle*

Driver's License Number: _____ State Issued: Wisconsin

Phone Numbers: Home: _____ Cell: _____ Business: _____

Home Address: _____

Number *Street* *Apt. Number*

_____ Wisconsin _____

City *State* *Zip Code*

Do you have a Legal Right to work in the U.S.? ☐Yes ☐No Email:_____

Are you Over the Age of 18? ☐Yes ☐No

Have you ever been discharged, terminated or forced to resign for misconduct or unsatisfactory service from any job?

☐Yes ☐No If Yes, Explain in Detail: _____

_____

_____

_____

Are you related to any City Official or Employee? ☐Yes ☐No

If Yes, Please State Name, Department and Relationship:

_____

_____

Have you Ever Been Convicted of a Crime? Include Convictions Incurred While in Military Service. (This may be relevant if job related, but does not necessarily bar you from employment): ☐Yes ☐No

If Yes, Please Describe the Conviction (s), Include Date, Charge, Disposition and Court:

_____

_____

_____

_____

Do you possess a valid driver's license? ☐Yes ☐No

For what state? ___ Wisconsin _____ Expiration Date: _____ Class: _____

Is the license you possess a valid Commercial Driver's License (CDL)? ☐Yes ☐No

If yes, please list class: _____ and endorsements: _____

• Education and Training

Circle Highest Grade Completed:

High School	College	Graduate School
9 10 11 12	1 2 3 4	1 2 3 4

Schools	Name & Address	Check if Graduated	Semester/Quarter Hours	Major Course Work
HIGH SCHOOL/GED		☐		
COLLEGE OR UNIVERSITY		☐		
GRADUATE SCHOOL		☐		
VOCATIONAL BUSINESS		☐		
MILITARY SCHOOLS		☐		
OTHER TRAINING		☐		

• Experience

Resume of your employment records will not be accepted in place of the requested employment information. Starting with your current or last job, list your last three (3) employers since age 18. If your last three (3) employers do not cover a period of ten (10) years, list previous employers including self-employment, military service and volunteer work, to account for ten (10) years of employment. Use an additional sheet, if necessary. Account for all periods of unemployment, but if you were unemployed because of medical reasons, do not give any specific information – just state "medical." A resume may be included as a supplement to the application.

• Experience continued

Present or Last Employer: _____

Complete Address _____

Phone Number _____ Starting Date _____ Ending Date _____

Starting Salary _____ Ending Salary _____ Hours / Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we Contact This Employer? ☐Yes ☐No

Brief description of Job Duties:_____

_____

Reason(s) for Leaving: _____

Next Previous Employer: _____

Complete Address _____

Phone Number _____ Starting Date _____ Ending Date _____

Starting Salary _____ Ending Salary _____ Hours / Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we Contact This Employer? ☐Yes ☐No

Brief description of Job Duties:_____

_____

Reason(s) for Leaving: _____

Next Previous Employer: _____

Complete Address _____

Phone Number _____ Starting Date _____ Ending Date _____

Starting Salary _____ Ending Salary _____ Hours / Week _____

Supervisor's Name and Title _____

Your Job Title _____ May we Contact This Employer? ☐Yes ☐No

Brief description of Job Duties: _____

Reason(s) for Leaving: _____

List any job related Special Qualifications and Skills (Licenses, Certifications, Skills with Machines, Special Training, Etc.):_____

_____

_____

List Computer Software programs you've had practice with and Number of Years' Experience:

_____

_____

_____

• References

Please List Three Responsible Persons *(Other Than Relatives or Former Employers)* Who Have Knowledge of Your Qualifications for Employment.

Name & Title	Address	Email	Phone number	Years Known

Read the Following Statement Before Signing your Application

I hereby certify that all statements made on this application are true and complete to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material facts herein may cause an offer of employment made by the City of Delavan to be withdrawn or my employment with the City of Delavan terminated. I further understand that all information provided herein is Public Record and is subject to review upon request.

I authorize the City of Delavan to conduct a thorough investigation of my references and past employment and to conduct background checks consisting of the following: credit, criminal and driver's license, and any other job related certifications. I understand that if an offer of employment is made to me, I may be required to submit to a physical examination and a review of my medical history. Accordingly, I authorize those parties having knowledge of my past (including financial and credit records) to cooperate in this procedure by releasing information as requested. I respectfully request that former employers furnish the necessary information concerning my employment with their organization and I hereby release them from any and all liability for damages for providing information requested.

I do acknowledge and accept that under Wisconsin Law any information, with the exception of medical, will become public record upon receipt by the City of Delavan. I hereby waive any rights or claims I may have whether presently fully developed or not, against the City of Delavan or its agents or employees, arising out of, or resulting from the release, authorized or unauthorized, of the information received pursuant to or in connection with the City of Delavan handling, processing, investigation, etc. of my application for employment with the City of Delavan.

I understand that this investigation will be conducted prior to my being given a job offer or within 90 days of employment. If I am hired, I agree to conform to the rules and regulations of the City of Delavan set forth in the City of Delavan's personnel policies & procedures and acknowledge that these rules and regulations may be changed by the City of Delavan at any time, at the City's sole option and without any prior notice to me. I acknowledge that if I am employed, my employment will be at will and may be terminated with or without cause at any time by me or by the City of Delavan. I agree to conform to the City's drug-free workplace policy and agree to submit to drug tests as required by the City of Delavan.

APPLICANT'S SIGNATURE: _____ Date: _____

City of Delavan

Pre-Employment background investigation consent form

The undersigned, referred to as “Applicant”, hereby authorizes the City of Delavan either directly or through its agent to investigate Applicant’s background. This may include information as to character, financial responsibility, criminal and/or civil records. Records from public and private sources may be reviewed concerning criminal history, civil court cases, credit history and references. Applicant acknowledges that a fax or photographic copy shall be as valid as the original. Applicant further understands that a complete disclosure of the nature and scope of this investigation may be obtained by a written request received within ninety days.

This information below is required to obtain requested records and must be completed by all Applicants. The City of Delavan requests this information for the sole purpose of facilitating the investigation of Applicant. Certain information provided herein by Applicant will not be considered or used by the City of Delavan in determining whether Applicant will be accepted as an employee. This information is denoted below by an (*).

_____ _____ _____

Last Name First Middle

_____

Other Names Used

_____ _____ Wisconsin _____ _____

Current Address City/State/Zip How Long?

_____ _____ Wisconsin _____ _____

Previous Address City/ State/Zip How Long?

_____ _____ _____

Date of Birth (required)* ☐Male ☐Female Social Security Number

_____ __ Wisconsin _____ _____

Driver’s License Number Issuing State Expiration

I hereby authorize, without reservation, any law enforcement agency, company, institution, credit bureau, or references contacted by the City of Delavan or its agent, to furnish the information described above.

Applicant Signature: _____ Date: _____

Submit Print Reset Form