

**CITY OF ELKHORN  
APPLICATION FOR EMPLOYMENT**

**For Office Use Only**

**Today's Date:** \_\_\_\_\_

<b>Mail/Deliver Completed Application To:</b>	<b>General Application Instructions:</b>		
Matheson Memorial Library Attn: Lisa Selje, Director 101 N. Wisconsin St. Elkhorn, WI 53121	<ul style="list-style-type: none"> <li>• Incomplete applications MAY NOT BE CONSIDERED</li> <li>• Complete application in its entirety</li> <li>• DATE and SIGN application</li> <li>• Complete application in blue or black ink.</li> <li>• You are not required to furnish any information, which is prohibited by federal, state or local law</li> </ul> <p>If you are a qualified applicant with a disability and require any accommodations during any phase of the application process, please notify the Clerk at least 48 hours in advance so that we may review and consider the request.</p>		
<p>The City of Elkhorn supports, and is committed to, equal employment opportunity for all personnel. This means that the City will make all employment decisions, including the decision to hire, recruit, train, or promote, based on its determinations of whether an individual has the required skill, ability, experience, or other qualifications to perform the essential job functions. The City of Elkhorn does not discriminate against applicants or employees because of race or color, gender or sex, national origin or ancestry, religion or creed, disability or handicap, age, marital status, sexual orientation, arrest or conviction record, veteran status, use or non-use of lawful products, or any other category protected by applicable law.</p>			
<b>Title of position you are applying for:</b>	<b>Date available to work:</b>	<input type="checkbox"/> <b>Full Time</b>	<input type="checkbox"/> <b>Part-Time</b>
		<input type="checkbox"/> <b>Student Intern</b>	<input type="checkbox"/> <b>Temp/Limited Term</b>
<b>Full Name: Last</b>	<b>First</b>	<b>Middle</b>	
<b>Address: (number, street, city, state, zip)</b>			
<b>Home Telephone Number: (best time to call)</b>		<b>Other Telephone Number: (best time to call)</b>	
<b>Hours you are available to work:</b>			

Are you at least 18 years of age?  Yes  No

Are you prevented from lawfully becoming employed in this Country because of Visa or Immigration Status? (Proof of Citizenship or immigration status will be required upon employment)  Yes  No

Are you a U.S. Citizen?  Yes  No

Have you ever filed an application with us before?  Yes  No  
If so, give date and position applied for: \_\_\_\_\_

Do you possess a valid Driver's License?  Yes  No  
If yes, please advise state and the number: \_\_\_\_\_

Do you possess a valid Commercial Driver's License?  Yes  No  
If yes, please advise type/class: \_\_\_\_\_

Do you possess any other license?  Yes  No  
If yes please advise the type: \_\_\_\_\_

**EDUCATION**

**Do you have a High School Diploma, HSED, or GED?**  Yes  No

**Name and Location of High School last attended:**

**Education and/or Vocational training beyond High School – Please start with most recent:**

Name & Location of School	Course of Study	Years Completed	Degree Received & Year

**Important:** You must complete the employment section of the application. Include any military service assignments and volunteer activities. You may exclude organizations that indicate race, color, religion, gender, national origin, disabilities or other protected status. Use additional sheets if necessary.

**EMPLOYMENT EXPERIENCE:** (Please start with your most recent position)

Employer	<u>Length of Employment</u>
Address	From (M/Yr) _____
Your Title	To (M/Yr) _____
Supervisor	Total (M/Yr) _____
Supervisor's Title	Last Salary _____
Phone Number	Reason for Leaving _____
Principal Duties and Responsibilities	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer	<u>Length of Employment</u>
Address	From (M/Yr) _____
Your Title	To (M/Yr) _____
Supervisor	Total (M/Yr) _____
Supervisor's Title	Last Salary _____
Phone Number	Reason for Leaving _____
Principal Duties and Responsibilities	May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No

Employer		<u>Length of Employment</u> From (M/Yr) _____ To (M/Yr) _____ Total (M/Yr) _____ Last Salary _____ Reason for Leaving _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
Your Title		
Supervisor	Supervisor's Title	
Phone Number		
Principal Duties and Responsibilities		

Employer		<u>Length of Employment</u> From (M/Yr) _____ To (M/Yr) _____ Total (M/Yr) _____ Last Salary _____ Reason for Leaving _____ May we contact this employer? <input type="checkbox"/> Yes <input type="checkbox"/> No
Address		
Your Title		
Supervisor	Supervisor's Title	
Phone Number		
Principal Duties and Responsibilities		

<b>SPECIAL SKILLS &amp; QUALIFICATIONS</b> - (This information must be provided if applying for position requiring these skills)	
Experience transcribing mechanically – recorded material? <input type="checkbox"/> Yes <input type="checkbox"/> No Typing speed (if known): _____ WPM List all computer software which you can operate proficiently: _____ _____	
Foreign Language (spoken or read with proficiency): <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____ <input type="checkbox"/> No Foreign Language	

<b>OTHER KNOWLEDGE, SKILLS AND ABILITIES</b>	
Please describe any specialized training, skills or qualifications you have acquired from employment or other experiences. You may also list any professional certifications here. (You may exclude membership that would reveal gender, race, religion, national origin, age, ancestry, disability or other protected status.)	

**THIS SECTION MUST BE COMPLETED**

Please list ALL instances in which you were convicted as an ADULT for crimes (misdemeanors or felonies), Ordinance

violations or traffic violations. 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

Date	Location	Charge	Court	Disposition of Case

**List any other names by which you have been known on official records:**

**NOTE:** A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a 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.

## REFERENCES

Give three references (not relatives or present employer; avoid listing members of the clergy)

<b>Name</b>	<b>Number of Years Known</b>
<b>Address</b>	<b>Position/Title/Profession</b>
<b>City/State/Zip</b>	
<b>Telephone Number:</b>	

<b>Name</b>	<b>Number of Years Known</b>
<b>Address</b>	<b>Position/Title/Profession</b>
<b>City/State/Zip</b>	
<b>Telephone Number:</b>	

<b>Name</b>	<b>Number of Years Known</b>
<b>Address</b>	<b>Position/Title/Profession</b>
<b>City/State/Zip</b>	
<b>Telephone Number:</b>	

**APPLICANT'S CERTIFICATION AND AGREEMENT  
PLEASE READ CAREFULLY**

I hereby certify that the facts set forth in the above employment application are true and complete to the best of my knowledge. I understand that if employed, falsified statements on this application or given to the employer through the application process may be considered sufficient cause for dismissal. I am aware that a thorough investigation of my background is to be conducted. I hereby authorize and request the release of any and all information concerning me (including a transcript of any academic record) to the City of Elkhorn or its agent upon presentation of this or copy hereof.

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.

**ALL** positions require a physical examination and drug test following an offer of employment. A record of the examination is placed in a separate, confidential medical file. I authorize any medical provider to supply this information to the City of Elkhorn.

In addition, I authorize all employers and other parties, whether named in my application or not, to provide information relative to my employment as requested by the City of Elkhorn.

I hereby release from liability and hold harmless the City of Elkhorn and all persons and corporations supplying this information to the City of Elkhorn and/or its agents. A photocopy of this authorization is as effective as the original.

\_\_\_\_\_  
**Signature of Applicant**

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

Print Name: \_\_\_\_\_  
**First**

\_\_\_\_\_  
**Middle**

\_\_\_\_\_  
**Last**

**Additional Information:** (Please use this space to provide any further information regarding your responses to questions on the application. You may also use this space to provide any additional information that relates to your qualifications for the position that you are applying.)