



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

APPLICATION FOR EMPLOYMENT

An Equal Opportunity Employer
 Please print or type

PERSONAL DATA	POSITION APPLYING FOR:			
	Name: Last	First	Middle	Social Security Number - -
	Present Address: Street	City	State	ZIP
	Permanent Address: (If different from above)			Home Phone
				Work Phone
	Are you eligible for employment in the U.S.A.? Yes _____ No _____			
	If you are less than 18 years of age, can you provide required proof of your eligibility to work? Yes _____ No _____			
Have you ever been convicted of a felony or do you currently have a felony charge pending? Yes _____ No _____ If yes, please attach a separate sheet giving full information.				

EDUCATION	Did you graduate from high school or do you possess a GED? Yes _____ No _____			
	Name and location of high school:			
	Training beyond high school: List any colleges, universities, technical schools or other schools you have attended.			
	Name and Location	Credits Earned	Major Field	Degree Conferred

MILITARY SERVICE	Branch of Service	Active Duty Or Reserve?	Highest Grade	Skill Specialty or Primary Duty
	List special schools attended or skills acquired during Military Service			

WORK EXPERIENCE

Job Title				Name of Employer
From Mo. / Yr.	To Mo. / Yr.	Ending Salary / Wage	Approximate Hours Per Week	
Duties Performed				Employer's Address
				Immediate Supervisor
Reason For Leaving				Employer's Phone Number
Job Title				Name of Employer
From Mo. / Yr.	To Mo. / Yr.	Ending Salary / Wage	Approximate Hours Per Week	
Duties Performed				Employer's Address
				Immediate Supervisor
Reason For Leaving				Employer's Phone Number
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Duties Performed				Employer's Address
				Immediate Supervisor
Reason For Leaving				Employer's Phone Number

REFERENCES (do not include relatives)	Name	Address
	Position/Title/Profession	
	Telephone Number	
	Relationship to Applicant	How many years has this individual known you?
	Name	Address
	Position/Title/Profession	
	Telephone Number	
	Relationship to Applicant	How many years has this individual known you?
	Name	Address
	Position/Title/Profession.	
	Telephone Number	
	Relationship to Applicant	How many years has this individual known you?

AUTHORIZATION AND WAIVER	<p>I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the City of Kaukauna shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.</p> <p>I hereby understand and acknowledge that, unless the position applied for is a represented position, any employment relationship with the City is of an "at will" nature, which means that the employee may resign at any time or the employer may discharge the employee at any time with or without cause.</p> <p>I also understand, as required by City ordinance, that anyone employed by the City of Kaukauna must live within the defined residency area within the time established for the position.</p> <p>This application for employment shall be considered active for a period of time not to exceed 90 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.</p> <p>Applicant Signature: _____ Date: _____</p>
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INTERNAL USE ONLY	DATE APPLICATION RECEIVED: _____	BY WHOM: _____
	REVIEWED BY: _____	DATE: _____
	COMMENTS:	