**City of Fond du Lac - Application for Employment**

**AN EQUAL OPPORTUNITY EMPLOYER**

CITY HUMAN RESOURCES DEPARTMENT

160 SOUTH MACY STREET

POST OFFICE BOX 150

FOND DU LAC, WI 54936-0150

(920) 322-3624

Return to: jbraatz@fdl.wi.gov

**APPLICATION FOR EMPLOYMENT**

This information is for official use only and will not be released to unauthorized persons nor will it be used to discriminate against any applicant.

**NOTICE:** Application must be typewritten or clearly printed in ink. All questions must be answered, if applicable. If not, indicate NA (not applicable). Applications, which are incomplete or illegible, will not be considered. If space provided is insufficient for complete answers or you wish to furnish additional information, attach sheets of the same size as this application and number answers to correspond with questions.

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| **1. POSITION APPLYING FOR** |
| Marketing & Planning Intern - Transit |

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| **2. APPLICANT INFORMATION** |
| Name in Full (Last, First, Middle): | E-Mail address : |
| Present Address: City State Zip Code |
| Permanent Address: (if different from above) |
| Home Phone: | Work Phone: | Other phone where you can be reached: |
| Are you at least 18 years of age? | Have you been known by a different name? If so, please indicate name: | Date you would be available to begin employment?  |
| If hired, can you verify employment eligibility to work in the U.S.? | Military Status: | Wage/Salary Desired: |
| If valid license required for this position, please provide Driver's License Number:State of Issue: | Do you possess a valid Commercial Driver's License?Please list endorsements: |

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| **3. GENERAL INFORMATION** |
| Has an employer ever discharged you? Yes No If yes, please explain: | Has the City of Fond Du Lac previously employed you? Yes No If yes, please provide approximate dates: |
| List any special accommodations that you may need to participate in this selection process |
| Do you have any financial interest in any business, or employment in another position that may conflict with your employment by the City of Fond du Lac? |
| Please list Relatives (name and relationship) working at the City of Fond du Lac (include in-laws): |
| In case of emergency, please notify (name and phone number): |

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| **4. EDUCATION** |
|  |  | **Dates** |  |  |
| **Name of School** | **Location** | **From** | **To** | **Course Pursued** | **Degree, Diploma, or Credits Earned** |
| High School |  |  |  |  |  |
|  |  |  |  |  |  |
| College |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
| Graduate School |  |  |  |  |  |
|  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
|  |  |  |  |  |  |

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| **5. APPRENTICESHIPS & SPECIALIZED TRAINING** |
|  |
| Type: | City & State: | Date of Completion: |
| Type: | City & State: | Date of Completion: |
| Type: | City & State: | Date of Completion: |

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| **6. PROFESSIONAL LICENSES/CERTIFICATES** |
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| Type: | Expires on: | Registration Number: |
| Type: | Expires on: | Registration Number: |
| Type: | Expires on: | Registration Number: |

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| **7. REFERENCES** |
| **GIVE THREE REFERENCES (NOT RELATIVES, OR PRESENT EMPLOYER).** |
| Name and occupation | No. Yrs. Acquainted | Phone number |
| Name and occupation | No. Yrs. Acquainted | Phone number |
| Name and occupation | No. Yrs. Acquainted | Phone number |

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| **8. EMPLOYMENT** |
| Please begin with current or most recent employer.List chronologically all employment, including summer or part-time employment. If unemployed for a period, indicate such and provide dates of unemployment. If you wish to furnish additional employment information, please attach sheets of this same size. |
| **Name and Address of Employer** | **Dates** | **Position Name and Duties** | **Reason for Leaving** |
| Name Street City, State Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Direct Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DatesFrom ToFull-time Part-time Ending Salary : |  |  |
| Name Street City, State Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Direct Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DatesFrom ToFull-time Part-time Ending Salary : |  |  |
| Name Street City, State Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Direct Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DatesFrom ToFull-time Part-time Ending Salary : |  |  |
| Name Street City, State Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Direct Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DatesFrom ToFull-time Part-time Ending Salary : |  |  |
| Name Street City, State Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Direct Supervisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | DatesFrom ToFull-time Part-time Ending Salary : |  |  |

**May we contact your previous and/or present employers? Yes** **No** **If not, please explain:**

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| **9. COURT RECORD** |
| Have you been convicted of a felony within the last 7 years?Please provide details: |
| Do you have any criminal charges pending, other than minor traffic violations?Please provide details: |
| *Convictions or pending criminal charges are not an automatic bar to employment; each case is considered on its merits*. |

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| **10. QUESTIONS** |
| If you require more space, please attach an additional page to this application. Responses should be no longer than 1-page.1. Why have you chosen to apply for this position?
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| **11. ORGANIZATION MEMBERSHIP** |
| 1. Have you ever organized or helped to organize or become a member of any organization or group of persons which, during the period of your membership or association, you knew was advocating or teaching that the government of the U.S. or any state or any political subdivision thereof should be overthrown or overturned by force, violence or any other unlawful means? If the answer to this is yes, explain fully. No Yes |
|  Explanation: |
| 2. If your answer to question 1 is yes, did you during the period of such membership or association have the specific intent to further the aims of such organization, association or group of persons to overthrow or overturn the government of the U.S. or any state or any political subdivision thereof by force, violence or any other unlawful means? No Yes |

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| **12. WAIVER** |

I understand that all appointments are probationary for a period during which I must demonstrate my fitness for continued employment. I further understand that any appointment tendered me will be contingent upon the results of a complete character and fitness investigation.

I hereby certify that all statements made in this application are true and I understand that any misstatements of facts will cause forfeiture on my part of all rights to employment with the City of Fond du Lac. I understand and agree that any offer of employment is contingent on satisfactorily passing a post offer physical, including a drug and alcohol screening.

The undersigned is the person named in the foregoing application; I have read and made a complete answer to each question; my answers in each instance are true and correct; contain no misrepresentations, omissions or falsifications, and are complete. I understand that if any of the information contained in any of the foregoing answers contains any misrepresentations or falsifications or if any material information has been omitted, the same shall be deemed and agreed to be sufficient cause for non-selection or dismissal if selection has occurred.

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| SIGNATURE OF APPLICANT | DATE |

 **CITY OF FOND DU LAC, WISCONSIN**

 **Authorization for Release of Information**

To Whom It May Concern:

 I am an applicant with the City of Fond du Lac, Wisconsin. I realize that during the processing of my application, I will be investigated by personnel officers of the City.

 I hereby empower an employee of the City of Fond du Lac or other authorized representative bearing this release to, within two years of its date, obtain information and records pertaining to me from any or all of the following sources:

 1. Municipal, State or Federal law enforcement agencies

 2. Selective Service System

 3. Any banking institution

 4. Any place of business (for purposes of obtaining employment data)

 5. Any previous employer

 6. Present employer

 7. Any school, college, university or other educational institution

 8. Credit rating bureau or institution maintaining individual credit rating files

 I hereby release any Municipal, State, or Federal law enforcement agency, individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

 I understand that any information concerning my past will be considered in evaluating me as an applicant to the City of Fond du Lac, and that all information obtained by the City of Fond du Lac in conjunction with this investigation and this permission, is confidential and I have no right to examine it, as the people contacted will be advised that what they say will be held in confidence.

The only exception to this blanket authorization is any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans with Disabilities Act).

Exceptions to this blanket authorization:

1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

3. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE: DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Sign in presence of Notary Public)

NAME: DATE OF BIRTH\*: \_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Legibly) \*for background investigation only

NOTARY:

DATE:

MY COMMISSION EXPIRES ON:

(Seal)

**City of Fond du Lac**

**Equal Employment Opportunity Form**

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| Last Name, First Name, Middle |
|  |
| Position Applied for: Marketing & Planning Intern - Transit Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |
| The information requested on this sheet regarding race, sex, age, and handicap status is needed to analyze and assure compliance with Federal Equal Employment Opportunity laws and to meet the reporting requirements of those laws. Your cooperation in voluntarily giving this information is important to the success of our equal employment opportunity program. |
| This Equal Employment Opportunity Form will be detached and kept separate from your application. It is not to be used in hiring or interviewing. It will be available only to authorized personnel for research and evaluation purposes. Refusing to provide this information will not subject you to adverse treatment. Please check the appropriate boxes below. |
| SEX: \_\_\_Male \_\_\_ Female | OVER 40 YEARS OF AGE \_\_\_ |
| RACE/ETHNIC IDENTIFICATION |  |
|  \_\_\_\_White (not of Hispanic Origin): | All persons having origins in any of the peoples of Europe, North Africa, or the Middle East. |
| \_\_\_\_ Black (not of Hispanic Origin): | All persons having origins in any of the black racial groups of Africa. |
| \_\_\_\_ Hispanic: | All persons of Mexican, Puerto Rican, Cuban, Central South American, or other Spanish cultures or origins, regardless of race. |
| \_\_\_\_Asian or Pacific Islander: | All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Philippine Islands, and Samoa. |
| \_\_\_\_ American Indian or Alaskan Native: | All persons having origins in any of the original peoples of North American, and who maintain cultural affiliation through tribal affiliation or community recognition. |
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| HANDICAPPED IDENTIFICATION |  |
| Do you consider yourself handicapped based on the definition that a "handicapped individual" is a person who: 1) has a physical or mental impairment which substantially limits one or more of his or her major life activities (e.g., communication, education or socialization); 2) has a record of such impairment (even though the person may be completely recovered); or 3) is regarded by others as having such an impairment. For purposes of this definition, a handicapped individual is "substantially limited" if he or she is likely to experience difficulty in securing, retaining, or advancing in employment because of a handicap. \_\_Yes \_\_No |
| VETERAN STATUS: \_\_\_Non-Veteran \_\_\_Vietnam Era Veteran \_\_\_Other Veteran |
| HOW DID YOU LEARN ABOUT THIS VACANCY? |  |
| \_\_Fond du Lac Reporter\_\_Milwaukee Journal\_\_Present City Employee\_\_Job Service\_\_Professional Publication (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Friend or Relative\_\_School or College Counselor or Other Official\_\_City Website\_\_Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**THE CITY OF FOND DU LAC EQUAL EMPLOYMENT OPPORTUNITY POLICY**

It is the official policy of the City of Fond du Lac to provide equal employment opportunities for all qualified and reasonably qualifiable persons without regard to race, color, religious or political beliefs, or affiliation, national origin, marital or parental status, pregnancy, sex, sexual orientation, age, handicap, or any other non-merit factors except where age, sex or physical requirements constitute a demonstrable bona fide occupational qualification. Arrest and conviction records shall not be considered in employment decisions except where permitted by law.

This policy is applicable to all aspects of employment including job structuring, classification, promotion, recruitment, selection, appointment and placement, testing, training, education, tuition assistance, layoff and recall, disciplinary action, termination, salary and benefits administration, and all other components of the City of Fond du Lac personnel system. In addition, harassment on the basis of sex, or any other protected status, shall be prohibited as a matter of official policy. The City of Fond du Lac will continue to comply with Federal and State regulations and will continue to work cooperatively with governmental and community organizations to insure equal employment and advancement opportunities.

In order to effectively implement this policy and directive, an annual affirmative action plan shall be developed by the Affirmative Action Officer. Such affirmative action plan shall be presented to the City Council for approval. After presentation to the City Council, copies of the Plan shall be distributed to all department heads and shall be made available to all employees.

Adopted in 1985 by the Fond du Lac City Council.