**APPLICATION FOR EMPLOYMENT**

**City of Fond du Lac, WI**

 City Human Resources Department

 160 South Macy Street

 PO Box 150

AN EQUAL OPPORTUNITY EMPLOYER Fond du Lac, WI 54936-0150

 (920) 322-3624

 jbraatz@fdl.wi.gov

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

|  |
| --- |
| 1. POSITION APPLYING FOR
 |
| **Administrative Assistant - Police** |

|  |  |  |
| --- | --- | --- |
| 1. APPLICANT INFORMATION
 |  |  |
| Name (Last, First, Middle) | Email |
| Present Address | City, State | Zip Code |
| Permanent Address (if different) | City, State | Zip Code |
| Primary Phone | Work Phone | Other Phone |
| Are you at least 18 years of age? | Other names by which you have been known | Date you would be available to begin employment? |
| If hired, can you verify employment eligibility to work in the U.S.?  \_\_\_\_ Yes \_\_\_\_ No | Military Status | Wage/Salary Desired (OPTIONAL) |
| If a valid license is required for this position, please provide Driver’s License number and State of Issue | Do you possess a valid Commercial Driver's License?Please list endorsements: |

|  |  |  |
| --- | --- | --- |
| 1. GENERAL INFORMATION
 |  |  |
| Has an employer ever discharged you?  \_\_\_\_ Yes \_\_\_\_ No If yes, please explain. | Have you been previously employed by the City of Fond du Lac?  \_\_\_\_\_ 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?  |
| List relatives (name and relationship, including in-laws) working at the City of Fond du Lac |
| In case of emergency, please notify (name and phone) |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. EDUCATION
 |  |  |  |  |
|  | Name, City, State | Started | Ended | Diploma, Degree or Credits Earned | Course Pursued |
| High School |  |  |  |  |  |
| Technical School/ College/University |  |  |  |  |  |
|  |  |  |  |  |  |
| Graduate School |  |  |  |  |  |
|  |  |  |  |  |  |
| Other (specify) |  |  |  |  |  |
|  |  |  |  |  |  |

|  |  |
| --- | --- |
| 1. INTERNSHIPS, APPRENTICESHIPS & SPECIALIZED TRAINING
 |  |
| Type | City, State | Date of Completion |

|  |  |
| --- | --- |
| 1. PROFESSIONAL LICENSES OR CERTIFICATES
 |  |
| Type | Expiration Date | Registration Number |

|  |  |  |
| --- | --- | --- |
| 1. REFERENCES
 |  |  |
| Provide 3 references (not relatives or current employer) |
| Name | Occupation/Relationship | Number of Years Acquainted | Phone and email |
| Name | Occupation/Relationship | Number of Years Acquainted | Phone and email |
| Name | Occupation/Relationship | Number of Years Acquainted | Phone and email |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1. EMPLOYMENT
 |  |  |  |  |  |
| Please list current or most recent employer first.List chronologically all employment, including summer or part-time employment. If unemployed for a period of time, indicate such and provide dates of employment. If you wish to furnish additional employment information, please attach sheets of this same size. |
| Name of Employer | Address, City, State | Supervisor’s Name, Phone, Email | Employment Dates | Hours/week | Ending Salary (optional) |
| Job Title, Duties | Reason for Leaving |
|  |  |
| Name of Employer | Address, City, State | Supervisor’s Name, Phone, Email | Employment Dates | Hours/week | Ending Salary(optional) |
| Job Title, Duties | Reason for Leaving |
|  |  |
| Name of Employer | Address, City, State | Supervisor’s Name, Phone, Email | Employment Dates | Hours/week | Ending Salary(optional) |
| Job Title, Duties | Reason for Leaving |
|  |  |
| Name of Employer | Address, City, State | Supervisor’s Name, Phone, Email | Employment Dates | Hours/week | Ending Salary(optional) |
| Job Title, Duties | Reason for Leaving |
|  |  |
| Name of Employer | Address, City, State | Supervisor’s Name, Phone, Email | Employment Dates | Hours/week | Ending Salary(optional) |
| Job Title, Duties | Reason for Leaving |

May we contact your previous and/or present employers? \_\_\_\_ Yes \_\_\_\_ No If not, please explain.

|  |  |
| --- | --- |
| 1. COURT RECORD
 |  |
| *Convictions or pending criminal charges are not an automatic bar to employment; each case is considered on its merits.* |
| Have you been convicted of a felony within the last 7 years? \_\_\_\_ Yes \_\_\_\_No If yes, please provide details. |
| Other than minor traffic violations, do you have any criminal charges pending? \_\_\_\_ Yes \_\_\_\_No If yes, please provide details. |

|  |  |
| --- | --- |
| 1. ORGANIZATION MEMBERSHIP
 |  |
| Have you ever organized, 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 political subdivision thereof should be overthrown or overturned by force, violence or any other unlawful means? \_\_\_\_ Yes \_\_\_\_No 1. If yes, please provide details.
2. If your answer 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., any state or any political subdivision thereof by force, violence or any other unlawful means? \_\_\_\_ Yes \_\_\_\_No
 |

|  |  |
| --- | --- |
| 1. 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?
 |

|  |  |
| --- | --- |
| 1. 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. |
| SIGNATURE OF APPLICANT | DATE |
|  |  |

**City of Fond du Lac**

**Equal Employment Opportunity Form**

|  |  |
| --- | --- |
| Name (Last, First, Middle) | Date |
| Position for which you appliedAdministrative Assistant - Police |
| 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 not subject you to adverse treatment. Please check the appropriate boxes below. |
| SEX | AGE |
| Gender assigned at birth \_\_\_\_ Male \_\_\_\_ Female | Are you over 40 years of age? \_\_\_\_ Yes \_\_\_\_ No |
| 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. |
| 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 |
| JOB POSTING |  |
| How did you learn about this vacancy?\_\_\_\_ Fond du Lac Reporter\_\_\_\_ Current City Employee\_\_\_\_ Friend or relative\_\_\_\_ School or college counselor/staff | \_\_\_\_ Job Service\_\_\_\_ City website/Facebook\_\_\_\_ Indeed\_\_\_\_ Other (please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 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 |