**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

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.

|  |
| --- |
| **1. POSITION APPLYING FOR** |
| SEASONAL LABORER – 3 months (May – August)  |

|  |
| --- |
| **2. APPLICANT INFORMATION** |
| Name in Full (Last, First, Middle): Email address: |
| Present Address: City St Zip |
| 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? (please circle)May 6 May 13 May 20 May 28June 3 June 10 June 17 June 24 |
| If hired, can you verify employment eligibility to work in the U.S.? | Military Status: |
| 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: |

|  |
| --- |
| **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: |
| Will you also be working another job during the summer months? Yes ❑ No ❑ If Yes: What potential scheduling conflicts may arise with your other employer? Please list: |
| Do you have any evening or weekend activities that could interfere with extra hours? If yes, please list activities:  |
| 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): |

|  |
| --- |
| **4. EDUCATION** |
|  |  | **Dates** |  |  |
| **Name of School** | **Location** | **From** | **To** | **Course Pursued** | **Degree, Diploma, or Credits Earned** |
| High School |  |  |  |  |  |
|  |  |  |  |  |  |
| College |  |  |  |  |  |
|  |  |  |  |  |  |

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

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

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

|  |
| --- |
| **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 more space is required, 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 : |  |  |

**May we contact your previous and/or present employers? Yes** ❑ **No** ❑

**If not, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |
| --- |
| **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*. |

|  |
| --- |
| **10. 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 |

|  |
| --- |
|  **Information to Applicant** |
| 1. | **Safety glasses are required to be worn at all times on the job. Non-prescription glasses will be provided. If prescription safety glasses are needed and purchased through the City's safety glass program, you will receive a fifty- percent (50%) cost reimbursement when the season is completed.** |
| 2. | **For safety reasons, long work pants, shirt and leather work shoes will be required. Other personal protective equipment will be provided as needed.** |
| 3. | **The use of cell phones, headsets, earphones or portable radios will not be permitted during work hours.** |
| 4. | **Seasonal work is very physical in nature, requiring continuous outdoor activity including heavy lifting.** |
| 5. | **Work hours are normally from 6:00 a.m. – 2:00 p.m. or 7:00 a.m. to 3:00 p.m. with a 15-minute paid lunch break. All hours of any position may be adjusted to better utilize the employee's time.**  |
| 6. | **Seasonal employment is on a full-time basis; however, less than full-time hours may be assigned when the needs of the City dictate.** |
| 7. | **Time off during your period of employment will be granted only in the case of family emergency and supervisor approval.** |

|  |
| --- |
| **11. WAIVER** |

I understand the information listed above and agree to abide by the rules set forth therein.

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**

|  |
| --- |
| Last Name, First Name, Middle |
|  |
| Position Applied for: Seasonal Laborer – 3 month (May – Aug) 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. |
|  |  |
| 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\_\_ Action Advertiser\_\_Job Service\_\_School or College Counselor or Other Official\_\_Present City Employee\_\_Friend or Relative\_\_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.