

If you require accommodation in the completion of this application, please inform us.

**City of West Bend  
1115 S. Main St.  
West Bend, WI 53095**

Full Time Work   
Part Time Work   
Summer Work

Date: \_\_\_\_\_

**APPLICATION FOR EMPLOYMENT**

The City of West Bend is an equal opportunity employer committed to offering employment without regard to race, color, sex, age, disability, political or religious affiliation, marital status, sexual orientation, arrest record, national origin or ancestry. All qualified applicants are welcome to submit applications for employment.

PERSONAL

Applicant's Full Name	Last	First	Middle
Street Address		City	State Zip Code
Phone #		Position Applying For:	
Alias/(es), Previous Names:			
Email address:			
Date available for employment:			

EDUCATION

School	Name and Address of Institution	Major Course of Study	Last Year Completed	Did You Graduate?	Diploma or List Degree
HIGH SCHOOL OR G.E.D.	Name City, State			YES NO <input type="checkbox"/> <input type="checkbox"/>	
COLLEGE/ UNIVERSITY/ TECHNICAL	Name City, State		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>	
COLLEGE/ UNIVERSITY/ TECHNICAL	Name City, State		1 2 3 4 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	YES NO <input type="checkbox"/> <input type="checkbox"/>	

SKILLS

List all office machines, heavy equipment or any other equipment related to the job you are applying for that you are skilled in operating (such as personal computer, software, dictating equipment, front-end loader, etc.):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If applicable: Typing Speed \_\_\_\_\_ wpm

Do you possess a valid driver's license?  Yes  No License # \_\_\_\_\_ CDL?  Yes  No

List any special professional certifications or licenses that you possess: \_\_\_\_\_

\_\_\_\_\_

REFERENCES

**Please list references (not relatives) to contact who have knowledge of your qualifications.**

Name	Title/Occupation	Home Phone	Work Phone

List present or most recent position first, then next recent, etc. (include all part time jobs and military experience.)

EMPLOYMENT

Current Employer		Telephone
Address	City	Employed From:                      Employed To:
Name of Supervisor		Hourly Rate/ Annual
Your Job Title	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving
Duties		Can We Contact Them?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer		Telephone
Address	City	Employed From:                      Employed To:
Name of Supervisor		Hourly Rate/ Annual
Your Job Title	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving
Duties		Can We Contact Them?    Yes <input type="checkbox"/> No <input type="checkbox"/>
Employer		Telephone
Address	City	Employed From:                      Employed To:
Name of Supervisor		Hourly Rate/ Annual
Your Job Title	Full Time <input type="checkbox"/> Part Time <input type="checkbox"/>	Reason for Leaving
Duties		Can We Contact Them?    Yes <input type="checkbox"/> No <input type="checkbox"/>

**READ THE FOLLOWING CAREFULLY BEFORE SIGNING**

I certify that the information contained on this application is true and correct, and authorize an inquiry to be made into that information. Former employers named herein are authorized to give information regarding me and are hereby released from all liability for providing such information.

I understand that falsification of this application in any detail is grounds for disqualification from further consideration or dismissal from employment. This employment relationship may not be changed by any written document or by conduct unless such a change is specifically acknowledged in writing by an authorized executive of the city.

I also understand that an offer of employment will be based upon the information gathered in these references and background checks, and that I may be required to successfully complete a medical exam and drug screen for initial and continued employment.

I understand that if I am employed, I will be an employee-at-will and my employment can be terminated at will by me or by the City of West Bend with or without cause. Your typed name will be treated as your signature.

Date \_\_\_\_\_ Signature \_\_\_\_\_



**AUTHORIZATION FOR RELEASE OF INFORMATION**

**If you are 18 years of age or more you must fill out this form and submit with your application.**

Read the authorization for release of information listed below. Your completion of this document allows the City of West Bend to investigate your background and gives your permission for the release of information from some or all of the below listed sources. After affixing your signature to the release form you **must** print your name beneath your signature.

**TO WHOM IT MAY CONCERN:**

I respectfully request and authorize you to provide to the City of West Bend and/or any representative thereof any and all information that you may have concerning the following:

1. Employment history, including without limitation all disciplinary records, performance evaluations, sick leave records, and any other matters contained in my personnel file.
2. Scholastic records, including without limitation all disciplinary records, and any other information.
3. Financial records, credit information and all civil records including but not limited to collections, judgments, tax records, liens, paternity suits, child custody matters or cases, support payment records, et al.
4. Records maintained by any law enforcement agency, including but not limited to records of arrest and/or conviction, juvenile records, or those relating to traffic violations.
5. Residential history including information from past and present landlords and/or mortgage/property management company records.

This information is to be used to assist representative of the City of West Bend in determining my qualifications and fitness for the position I am seeking with them. Please provide the City of West Bend and/or any representative thereof, any information falling within the categories listed above, including any information which otherwise would be considered confidential or privileged, and permit the Department to make copies of that information if it so desires.

I hereby release, and hold harmless, on behalf of myself, my heirs, assigns and successors interest forever, both you and/or your employer or organization from any liability or damage whatsoever which may result because of your responses to this request for information. Further, I consent not to sue you or your employer or organization for any information which is released in response to this request. In making these statements, I understand that information which you give may result in my not being employed.

A photocopy reproduction of this request shall be for all intents and purposes as valid as the original. This release remains effective until you receive signed written instructions to the contrary. You may retain this form in your files. ***If you submit this form electronically, your typed name will serve as your signature.***

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

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

PRINT NAME: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_