



Human Resources Department  
11333 N Cedarburg Rd  
Mequon, Wisconsin 53092  
Phone (262) 236-2915  
Fax (262) 242-9819  
[www.ci.mequon.wi.us/employment](http://www.ci.mequon.wi.us/employment)

## EMPLOYMENT APPLICATION

**Complete and forward to the Fire Chief on Buntrock Ave**

### *APPLICANT INFORMATION*

Title of Position Applied for _____		
Last Name _____	First Name _____	Middle Initial _____
Address: _____		
City _____	State _____	Zip Code _____
Phone _____	Email _____	
List any other names by which you have been known on official records _____		
Social Security Number _____		
Drivers License Number _____	State _____	
Are you 18 years of age or older? Yes <input type="checkbox"/> No <input type="checkbox"/> If under 18, how old are you? _____		
Due to limitations on employment of relatives, list the names and exact relationships of any relatives who are City of Mequon employees: _____		
List any licenses, registrations and/or certificates you possess that are related to the job you are applying for: _____		

In accordance with the Immigration Reform and Control Act of 1986, the City will employ only persons legally authorized to work in the United States. Employment if offered, is conditional upon the individual's ability to establish verification of identity and authorization to work within three business days of commencement of employment.

The City requires pre-employment drug testing.

*THE CITY OF MEQUON IS AN EEO/AFFIRMATIVE ACTION EMPLOYER. ALL INDIVIDUALS INCLUDING WOMEN, MINORITIES AND THOSE WITH DISABILITIES ARE ENCOURAGED TO APPLY.*

## EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12

Did you graduate from High School?  Yes  No If Yes, Name and Location of High School \_\_\_\_\_

Have you passed a high school equivalency or G.E.D. Test?  Yes  No

Training beyond high school (college or university, nursing, business college, military or other training you have received). Under credits earned, indicate Q for quarter hours or S for semester hours.

NAME AND LOCATION OF SCHOOL	FULL OR PART TIME	DATES ATTENDED FROM TO Mo. Yr. Mo. Yr.	CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/ DATE COMPLETED

## EMPLOYMENT HISTORY

Begin with current or most recent employment and work back. Account for all time during the past ten years, including periods of unemployment. IN ADDITION, LIST ANY OTHER PAID OR UNPAID WORK EXPERIENCE THAT MAY QUALIFY YOU FOR A POSITION. IF MORE SPACE IS NEEDED, SEE FOLLOWING PAGE.

Current or last employer	From (month/year): _____ To (month/year): _____
Address	Salary/Wage: \$ _____ per _____
Your Title	<input type="checkbox"/> Part time <input type="checkbox"/> Full time Hours per week: _____
Supervisor's Name, Title and Phone Number	Reasons for leaving: _____
Duties: _____	

### PLEASE USE NEXT PAGE TO LIST PREVIOUS EMPLOYMENT

If you are PRESENTLY  or were PREVIOUSLY  employed by the City of Mequon, list the following:

POSITION TITLE	DEPARTMENT	FROM (MO./YR.) TO (MO./YR.)

If you have ever been convicted of an offense other than minor traffic violations, list details below. IF YOU LIST CONVICTIONS, PROVIDE YOUR BIRTHDATE ON PAGE 5. THIS INFORMATION WILL BE USED FOR CONVICTION VERIFICATION ONLY. Use separate sheet if necessary:

CHARGE	DATE	LOCATION	COURT	DISPOSITION OF CASE

**NOTE:** Convictions are not an automatic bar to employment but are reviewed in relation to the job for which you applied. Convictions not reported may be cause for rejection or discharge. Your conviction record will be obtained from the State of Wisconsin.

**READ CAREFULLY BEFORE SIGNING:** I certify that all answers to questions on this application are true and complete. I understand that falsification of this application may result in disqualification or removal from a City position. I also understand that covered employees are compensated for overtime work in accordance with the Fair Labor Standards Act. Individuals should discuss overtime pay practices with the appointing authority prior to accepting employment with the City. I authorize the City to make any inquiries about and receive any information about my suitability for employment. I give permission to persons contacted to provide such information. I forever waive, release and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality, and I will not request copies of such information. A copy of this authorization shall be effective as the original.

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

## EMPLOYMENT HISTORY (Continued)

<b>Employer</b>	From (month/year): _____ To (month/year): _____
<b>Address</b>	Salary/Wage: \$ _____ per _____
<b>Your Title</b>	<input type="checkbox"/> Part time <input type="checkbox"/> Full time   Hours per week: _____
<b>Supervisor's Name, Title and Phone Number</b>	Reasons for leaving: _____
<b>Duties:</b> _____	
<b>Employer</b>	From (month/year): _____ To (month/year): _____
<b>Address</b>	Salary/Wage: \$ _____ per _____
<b>Your Title</b>	<input type="checkbox"/> Part time <input type="checkbox"/> Full time   Hours per week: _____
<b>Supervisor's Name, Title and Phone Number</b>	Reasons for leaving: _____
<b>Duties:</b> _____	
<b>Employer</b>	From (month/year): _____ To (month/year): _____
<b>Address</b>	Salary/Wage: \$ _____ per _____
<b>Your Title</b>	<input type="checkbox"/> Part time <input type="checkbox"/> Full time   Hours per week: _____
<b>Supervisor's Name, Title and Phone Number</b>	Reasons for leaving: _____
<b>Duties:</b> _____	
<b>Employer</b>	From (month/year): _____ To (month/year): _____
<b>Address</b>	Salary/Wage: \$ _____ per _____
<b>Your Title</b>	<input type="checkbox"/> Part time <input type="checkbox"/> Full time   Hours per week: _____
<b>Supervisor's Name, Title and Phone Number</b>	Reasons for leaving: _____
<b>Duties:</b> _____	



*SELECTION PROCESS ACCOMMODATIONS*

In accordance with State and Federal laws, the City of Mequon is committed to ensure non-discrimination in employment of qualified individual with disabilities.

Under the Americans with Disabilities Act, an individual with a disability is defined as one who: has a physical or mental impairment that substantially limits one or more major life activities; has a record of such impairment; is regarded as having such impairment.

“Major life activities” means functions such as caring for one’s self, performing manual tasks, walking, seeing, hearing, speaking, breathing, learning, working.

The following information will be treated confidentially and used only to provide necessary accommodations during selection process. Requests for accommodations must be made prior to the commencement of the selection process so that arrangements can be made.

Will you require any special accommodations during the selection process?

\_\_\_\_\_ Yes                      \_\_\_\_\_ No

If yes, what kind of accommodation(s) will you need?

\_\_\_\_\_ A signer

\_\_\_\_\_ A reader

\_\_\_\_\_ Extra time

\_\_\_\_\_ Other (Please describe) \_\_\_\_\_

Comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

*Provisions of the selection process accommodations may be granted by the Human Resources Department only after review and evaluation on a case by case basis. Factors considered will include the nature of the selection process and the knowledge, skills, and abilities required for the job.*