



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

EMPLOYMENT APPLICATION

Complete and email to kzellmann@ci.mequon.wi.us

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 No 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	CREDITS EARNED	MAJOR OR FIELDS OF STUDY	TYPE OF DEGREE/ DATE COMPLETED
		FROM TO Mo. Yr. Mo. Yr.			

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)

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: _____	
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: _____	
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: _____	
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: _____	

City of Mequon

Supplementary Applicant Information

No applicant for employment shall be discriminated against because of race, color, creed, religion, sex, genetic testing, sexual orientation, marital status, service in the armed forces, national origin, ancestry, age, arrest, or non-job-related conviction record, non-job-related physical or mental disability, or the use or nonuse of lawful products off the employer's premises during non-working hours.

Completion of this form is voluntary. We ask, however, for your cooperation by providing the following information. It will be treated confidentially and used only to help us monitor the City's equal employment efforts and to comply with federal record keeping requirements.

PLEASE PRINT OR TYPE

1. Name: _____
Last First Middle

2. Position applied for: _____

3. How did you become aware of this vacancy? _____

If internet, what website? _____

4. Sex : MALE _____ FEMALE _____

5. Race (please check one);

- A. Black/African American (not of Hispanic origin)
- B. Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- C. White/Caucasian/European/North African/Middle Eastern
- D. Native American Indian/Alaskan Native
- E. Asian American/Pacific Islander/Far Eastern/Indian subcontinent or Southeastern Asian (i.e., China, Japan, Korea, Philippine islands, Samoa)

6. List any languages, other than English, which you speak fluently: _____

7. If you have listed offenses (see page 2 of application), provide birthdate _____. This information will be used for verification only.

The above-completed information is true to the best of my knowledge.

SIGNATURE _____ DATE _____

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.