

EMPLOYMENT APPLICATION



CITY OF RACINE
An EOE/AA/ADA Employer
HUMAN RESOURCES DEPARTMENT
730 Washington Avenue, Room 204
Racine, Wisconsin 53403
Phone: (262) 636-9175 FAX: (262) 636-9585
http://www.cityofracine.org/City_of_Racine_Jobs.aspx

Received:

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

JOB INFORMATION

* POSITION TITLE:

PERSONAL INFORMATION

* FIRST NAME	MIDDLE INITIAL	* LAST NAME
* ADDRESS		* SOCIAL SECURITY NUMBER
* CITY	* STATE	* ZIP
HOME PHONE	ALTERNATE PHONE	
* EMAIL ADDRESS	* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? <input type="checkbox"/> EMAIL OR <input type="checkbox"/> PAPER	

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

- Some High School Some College Associate's Degree Master's Degree
 High School Technical College Bachelor's Degree Doctorate

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO

IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12

SCHOOL NAME	CITY	STATE
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COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		
SCHOOL NAME	DEGREE RECEIVED	
SCHOOL LOCATION (CITY/STATE)	DID YOU GRADUATE? YES <input type="checkbox"/> NO <input type="checkbox"/>	<input type="checkbox"/> SEMESTER <input type="checkbox"/> QUARTER # OF UNITS COMPLETED:
MAJOR		

DRIVER'S LICENSE INFORMATION

* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	STATE WHERE ISSUED	CLASS
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CERTIFICATES & LICENSES

TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	
TYPE	DATE ISSUED (MONTH/YEAR)	EXPIRATION DATE (MONTH/YEAR)
LICENSE NUMBER	ISSUING AGENCY	

WORK HISTORY

DATES From To	EMPLOYER	POSITION TITLE
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ADDRESS	CITY	STATE
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COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
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HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DUTIES

REASON FOR LEAVING

DATES From To	EMPLOYER	POSITION TITLE
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ADDRESS	CITY	STATE
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COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)
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HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>
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DUTIES

REASON FOR LEAVING

SKILLS

OFFICE SKILLS	TYPING (NET WORDS PER MINUTE)	DATA ENTRY (NET WORDS PER MINUTE)
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OTHER SKILLS

SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN

LANGUAGE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE	LANGUAGE	<input type="checkbox"/> SPEAK <input type="checkbox"/> READ <input type="checkbox"/> WRITE
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EMPLOYMENT OBJECTIVE

ADDITIONAL INFORMATION

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

REFERENCES

Please list references you wish to include (Personal/Professional). Please include: Name, title, phone number, email, and mailing address.

APPLICANT DECLARATIONS

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that any employment offer will be contingent upon the successful completion of a pre-employment medical examination, including a drug screen, and police records background investigation. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of City of Racine and will not be returned. I understand the City of Racine may contact prior employers and other references, and that I hereby release said parties from any liability to claim whatsoever for issuing this information. I understand that I must notify the Human Resources Department of any changes in my name, address, or phone number.

I have read and understand the above information.

X _____
SIGNATURE OF APPLICANT

DATE



The purpose of the following questions is to obtain additional job related information to evaluate you for the position you are applying for or to provide us with statistics needed to evaluate our recruitment program as well as to prepare statistical reports required by Federal, State and local agencies.

QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

1. What is your gender?
 Male Female
2. What is your ethnicity?
 American Indian or Alaskan Native Asian
 Black or African American Hispanic or Latino
 Native Hawaiian or Pacific Islander White or Caucasian
3. Are you a disabled individual, which is defined under the Americans with Disabilities Act as an individual who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such impairment, or who is regarded as having such an impairment?
 Yes No
4. Are you a veteran or member of the active reserves?
 Yes No
5. If you answered "yes" to the veteran status question, please write your branch of service, number of years of service, and type of discharge. If you answered "no," write "NA."
- 6.* Where did you first hear about this opportunity?
 Internet City of Racine Website
 Magazine Bulletin
 Friend Other _____
- 7.* Do you have any relatives working here?
 Yes No
- 8.* If you answered "yes" to question #7, please provide their name(s), department(s) and relationship to you. If you answered "no," write "NA."
- 9.* If you have worked under any other name, please give name(s). Otherwise, write "NA."
- 10.* Were you ever employed here before?
 Yes No
- 11.* Have you ever applied here before and for what job(s)? Otherwise, write "NA."
- 12.* Are you 18 years old or older?
 Yes No
- 13.* Have you ever been convicted of any violations of law other than minor traffic violations?
 Yes No
- 14.* If you answered "yes" for the conviction question, please explain the nature of the conviction and the date. Otherwise, write "NA."

