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

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Beginning with your most recent or present employ qualify you for a position. Indicate any changes in may include a resume with your application. Howeveresume". Fallure to provide information requested	job title under the same employer as a separate po yer, all of the information asked for below must be	ence List any naid	or unpaid experience that may
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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.								
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APPLICANT DECLARATIONS 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 complete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that any employment offer will be intingent upon the successful completion of a pre-employment medical examination, including a drug screen, and police records background vestigation. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be quired 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 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 claim whatsoever for Issuing this information. I understand that I must notify the Human Resources Department of any changes in my name, address, phone number. Have read and understand the above information.								
x s	IGNATURE 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.

QUESTI	ONS 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? Asian American Indian or Alaskan Native Black or African American Native Hawaiian or Pacific Islander Are you a disabled individual, which is defined under the Americans with Disabilities Act as an individual Are you a disabled individual, which is defined under the Americans with Disabilities Act as an individual
3.	who has a physical or mental impairment endeaded as having such an impairment? 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 If you answered "yes" to the veteran status question, please write your branch of service, number of years If you answered "no," write "NA."
5.	If you answered "yes" to the veteran status question, please three , and type of discharge. If you answered "no," write "NA."
6.*	Where did you first hear about this opportunity? Internet Magazine Friend Other
7.*	Do you have any relatives working here? Yes No If you answered "yes" to question #7, please provide their name(s), department(s) and relationship to you.
8.*	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 No Otherwise, write "NA."
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 No Inlations of law other than minor traffic violations?
13.*	Have you ever been convicted of any violations of law other than minor traffic violations? Yes No If you answered "yes" for the conviction question, please explain the nature of the conviction and the date.
14.*	If you answered "yes" for the conviction question, please out. Otherwise, write "NA."

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