



CITY OF WAUKESHA SUMMER/SEASONAL EMPLOYMENT APPLICATION



Instructions & Note

Should you need assistance in filling out this application or during any phase of the employment process, please notify the person that gave you this form and we shall make every reasonable effort to accommodate your need.

This application is intended for use in evaluating your qualifications for employment. **This is not an employment contract.** Please answer all questions completely and accurately. False or misleading statements during the interview or on this form are grounds for terminating the applicant process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration without consideration of race, creed, religion, sex, sexual preference, national origin, marital status, age or the presence of disabilities. A felony conviction will not automatically bar an applicant from City employment. Additional testing of job-related skills and for the presence of drugs in your body may be required prior to employment. After an offer of employment and prior to reporting for work, you may be required to submit to a medical review. Depending on City policy and the essential needs of the job, you may be required to complete a medical history form and may be required to be examined by a medical professional designated by the City.

Applicant Information

First Name: _____
First Middle Last

Street Address: _____

City: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

If a student, please provide school's name & address: _____

Position Applying for

Position applying for (must indicate specific job): _____

Please check: Full Time Part Time

Earliest available date: _____

Some positions require employees to be at least 14 years of age. Are you at least 14 years of age? Yes No

If applying for Lifeguard position, are you at least 16 years of age? Yes No

If applying for Grounds Maintenance position, are you at least 18 years of age? Yes No

Do you have a valid Wisconsin drivers license? Yes No License # _____

Work History

Name of Employer:	Address :
Your Title :	Employed (indicate month & Yr.) From: _____ To: _____ Employed (circle one) <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Name of Supervisor : _____ Phone # _____	Final Earnings : _____ per :
Job Duties :	Reason for Leaving :

Name of Employer :	Address :
Your Title :	Employed (indicate month & Yr.) From: _____ To: _____ Employed (circle one) <input type="checkbox"/> Part Time <input type="checkbox"/> Full Time
Name of Supervisor : _____ Phone # _____	Final Earnings _____ per :
Job Duties :	Reason for Leaving

****If needed, please attach additional sheets.**

Security

Have you ever been convicted of a felony? Yes No

If yes, please provide an explanation including state, jurisdiction and when/where conviction occurred:

Education

Circle the highest level completed:

High School : 9 10 11 12 College : 13 14 15 16 Major: _____

List any pertinent training your have had: _____

References

(Do NOT List Relatives)

Name and Title (if applicable)	Telephone	Yrs Known/Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Certification and Release

I certify that I have read and understand the applicant note on this form and that the answers given by me to the foregoing questions and the statements made are complete and true to the best of my knowledge and belief. I understand that any false information, omissions or misrepresentations of facts called for in this application may result in rejection of my application or termination at any time during my employment. I authorize the City of Waukesha and/or its agents, including consumer reporting bureaus, to verify any of this information. I authorize all former employers, persons, schools, companies and law enforcement authorities to release any information concerning my background and hereby release any said persons, schools, companies and law enforcement authorities from any liability for any damage whatsoever for issuing this information. I also understand that the use of illegal drugs or abuse of legal drugs is prohibited during my employment.

I further understand and agree that this application is not a contract for employment, and that any individual hired by the City of Waukesha may voluntarily leave their employment or may be terminated by the City of Waukesha at any time for any reason. I understand that, other than a written agreement signed by the Human Resource Manager of the City of Waukesha, any oral or written statements to the contrary are not valid, are expressly disavowed, and should not be relied upon by any prospective or existing employee.

Signature _____ Date _____

Drug Test

I understand that any job offer is contingent upon the satisfactory results of a post-offer drug test. The drug test will be administered after the offer of employment. Any individual who does not complete the drug test with satisfactory results will have the offer of employment rescinded and any employment relationship will cease.

Signature: _____ Date _____

Parental/Guardian Signature: _____ Date _____
(Required for minors)