



## CITY OF DELAFIELD - APPLICATION FOR EMPLOYMENT

500 Genesee Street - Delafield, WI 53018 - (262) 646-6220 - (262) 646-6223 – FAX

Title of Position Applied For: \_\_\_\_\_

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Phone \_\_\_\_\_

Full Address: \_\_\_\_\_

Have you ever been employed by the City of Delafield? Yes  No

If yes, by whom, when, and in what position? \_\_\_\_\_

When will you be available for employment? \_\_\_\_\_

Do you currently hold a valid Wisconsin Driver's License? Yes  No

Driver License Number: \_\_\_\_\_

Do you have transportation? Yes  No

Highest Grade Completed in Highschool (1-12)? \_\_\_\_\_ Did you Graduate? Yes  No

If you have one or more post high school degrees, what is/are your degree(s) in? \_\_\_\_\_

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

Describe any education or training you have had which is not covered above; include dates: \_\_\_\_\_

\_\_\_\_\_

### SPECIAL SKILLS & QUALIFICATIONS

For Public Works Positions, have you ever participated in a formal apprenticeship? Yes  No  Not Applicable

What trade? \_\_\_\_\_

How long? \_\_\_\_\_

When? \_\_\_\_\_

Where? \_\_\_\_\_

List memberships in professional or technical associations: \_\_\_\_\_

\_\_\_\_\_

List of programs you are proficient with: \_\_\_\_\_

\_\_\_\_\_

The information obtained below will remain a part of the application only if the position applied for has particular security requirements or if the employer feels there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Have you ever been convicted of a crime other than a misdemeanor or summary offenses which have not been expunged by a court? Yes  No  If yes, please explain on a separate sheet of paper.

Note: Do not use "see resume".

From (Mo & Yr)	Title of Current Position	Employers Name
To (Mo & Yr)	Phone	Address
Hours Per Week	Primary Duties	Name & Title of Supervisor
Starting Salary		Can we contact your present employer? Yes ___ No ___
Present Salary		Reason for Leaving

From (Mo & Yr)	Title of Past Position	Employers Name
To (Mo & Yr)	Phone	Address
Hours Per Week	Primary Duties	Name & Title of Supervisor
Starting Salary		Can we contact this employer? Yes ___ No ___
Ending Salary		Reason for Leaving

From (Mo & Yr)	Title of Past Position	Employers Name
To (Mo & Yr)	Phone	Address
Hours Per Week	Primary Duties	Name & Title of Supervisor
Starting Salary		Can we contact this employer? Yes ___ No ___
Ending Salary		Reason for Leaving

From (Mo & Yr)	Title of Past Position	Employers Name
To (Mo & Yr)	Phone	Address
Hours Per Week	Primary Duties	Name & Title of Supervisor
Starting Salary		Can we contact this employer? Yes ___ No ___
Ending Salary		Reason for Leaving

**PROFESSIONAL REFERENCES**

Please include 3 Professional References with whom you have worked with in the past:

	<u>Name and Occupation</u>	<u>Address</u>	<u>Phone</u>
1.)	_____	_____	_____
2.)	_____	_____	_____
3.)	_____	_____	_____

**EQUAL OPPORTUNITY EMPLOYERS**

Prospective employees will receive consideration without discrimination because of race, creed, color, sex, age, national origin or handicap.

CERTIFICATION STATEMENT: (Read carefully before signing) All information provided by me is true and correct to the best of my knowledge. I understand that false statements, omissions, or misrepresentations may be cause for rejection or, if employed, may be cause for my immediate dismissal. By signing below, I also authorize the City of Delafield and its assigns ("the City") to perform a background check on all information provided by me on this application, including but not limited to information relating to pending criminal charges, past criminal convictions, and education and employment history. I further authorize any holder of information pertaining to the information supplied by me on this application to release such information to the City, which shall remain confidential pursuant to Wisconsin law. I understand and agree that the City shall not be held liable in any respect for any actions taken by the City to check such information, nor shall the City be held liable in any respect if my employment is either denied or terminated as a result of any false statements, answers, or omissions made by me on this application or on any other document submitted in connection with my application for employment. I understand this is a preliminary application and not a contract to employ me. If employed, I agree to comply with all rules of the City as a condition of continued employment.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

## AUTHORIZATION FOR BACKGROUND CHECK

I hereby authorize the City of Delafield Police Department and its designated agents and representatives to conduct a comprehensive review and verify all information that I have provided on the Application for Employment and to conduct a comprehensive background investigation, including both consumer reports and investigative consumer reports and/or criminal background, to be generated for employment purposes. I understand the scope of the background check may include, but is not limited to, the following areas: verification of social security number; current and previous residence; employment history; educational background; character references; civil or criminal history records from any criminal justice agency and any and all federal, state, city and county jurisdictions, State department of motor vehicle/driver's license records to include traffic citations and registrations; birth records; and any other public records.

I further authorize an individual, company, firm, corporation, public agency (including the Social Security Administration and law enforcement agencies) to divulge any and all information, verbal or written, pertaining to me to the City of Delafield Police Department or its agents.

I further authorize the complete release of any records or data pertaining to me, which the individual, company, firm, corporation, or public agency may have, to include information or data received from other sources to the City of Delafield Police Department or its agents.

I hereby agree that a photocopy or telephonic facsimile of this Authorization shall be valid as the original. I understand that before I am denied employment based, in whole or in part, on information obtained in a consumer report, I will be provided with a copy of the report and description in writing of my rights under the FCRA.

I hereby release the Social Security Administration, law enforcement agencies, including specifically the City of Delafield Police Department, and its agents, officials, representatives, or assigned agencies, including officers, employees, related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may at any time result to me, my heirs, family, or associates because of the compliance with this Authorization and request for release.

I also understand that I may withhold my permission; and that in such a case, no investigation will be done and my application for employment will not be processed further.

Print Applicant Name: _____	Todays Date: _____
Applicant Signature: _____ (must be a wet signature)	
Former names and dates used:	_____
Current address:	_____
Previous address:	_____
Social security number:	_____
Date of birth:	_____
Telephone number:	_____
Driver's license number:	_____

**IN ACCORDANCE WITH THE FAIR CREDIT REPORTING ACT, THIS INFORMATION MAY ONLY BE USED TO VERIFY A STATEMENT(S) MADE BY AN INDIVIDUAL MADE IN CONJUNCTION WITH LEGITIMATE BUSINESS NEEDS. THE DEPTH OF INFORMATION AVAILABLE VARIES FROM STATE TO STATE. THE REPORT WILL BE GENERATED FOR EMPLOYMENT PURPOSES ONLY IN COMPLIANCE WITH THE FAIR CREDIT REPORTING ACT, THE DRIVER'S PROTECTION ACT, AND ANY APPLICABLE STATE STATUES.**