

APPLICANT DATA RECORD

Applicants are considered for all positions, and employees are treated during employment without regard to race, color, religion, sex, national origin, age, veteran status, disability, or any other basis prohibited by law.

As employers/government contractors, we comply with government regulations and affirmative action responsibilities.

To help us comply with government record-keeping, reporting, and other legal requirements, please fill out the Application Data Record. This information will only be used in accordance with federal regulations. We appreciate your cooperation.

This data will be kept in a Confidential File separate from the Application for Employment.

\*If you are a disabled veteran, veteran of the Vietnam Era, or have a physical or mental handicap, you are invited to volunteer this information below. Submission of information relating to disability, veteran status or disabled veteran status is voluntary. Failure to respond will have no adverse affect on you or your job status. If you do respond, the information given will be kept confidential and used in accordance with federal regulations.

(PLEASE PRINT)

Date: \_\_\_\_\_

Position(s) Applied For: \_\_\_\_\_

Referral Source:  Advertisement  Friend  Relative  Walk-In  
 Employment Agency  Other: \_\_\_\_\_

Name \_\_\_\_\_ Phone ( ) \_\_\_\_\_  
LAST FIRST MIDDLE AREA CODE

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP CODE

Affirmative Action Survey

Check One:  Male  Female

Check one of the following

Race/Ethnic Group:  White  Black  Hispanic

American Indian/Alaskan Native  Asian/Pacific Islands

\*COMPLETION OF THIS SECTION IS VOLUNTARY

Check if any of the following are applicable:

Vietnam Era Veteran  Disabled Veteran  Disabled Individual

# APPLICATION FOR EMPLOYMENT

## CITY OF BEAVER DAM

205 South Lincoln Avenue, Beaver Dam, WI 53916  
Phone: (920) 887-4600

POSITION APPLIED FOR: \_\_\_\_\_ DATE: \_\_\_\_\_

### PERSONAL INFORMATION

Last Name:	First Name:	MI:
Street:		
City:	State:	ZIP:
Home Phone #: ( )	Business Phone #: ( )	
Social Security Number:		<input type="checkbox"/> Check if you have no SS#

### EDUCATION

High School Attended:		
City/Village:	State:	
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	GED Certificate: <input type="checkbox"/> Yes <input type="checkbox"/> No	
College Attended:		
City:	State:	From (Mo/Yr): / To: /
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:	
College Attended:		
City:	State:	From (Mo/Yr): / To: /
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:	
Business/Technical School Attended:		
City:	State:	From (Mo/Yr): / To: /
Did you graduate: <input type="checkbox"/> Yes <input type="checkbox"/> No	Degree/Major:	

### SPECIAL SKILLS OR TRAINING


**EMPLOYMENT HISTORY**  
(Begin with current or most recent employer)

From (Mo/Yr):    /    To:    /	Annual Salary / Wages:
Position Title or Job Classification:	Supervisor's Name & Phone Number:
Duties: ----- -----	<b>Employer's Name:</b> ----- -----
	<b>Address</b> -----
	<b>City/State/Zip</b>
Reason for Leaving:	
May we contact your current employer/supervisor ? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo/Yr):    /    To:    /	Annual Salary / Wages:
Position Title or Job Classification:	Supervisor's Name & Phone Number:
Duties: ----- -----	<b>Employer's Name</b> ----- -----
	<b>Address</b> -----
	<b>City/State/Zip</b>
Reason for Leaving:	

From (Mo/Yr):    /    To:    /	Annual Salary / Wages:
Position Title or Job Classification:	Supervisor's Name & Phone Number:
Duties: ----- -----	<b>Employer's Name</b> ----- -----
	<b>Address</b> -----
	<b>City/State/Zip</b>
Reason for Leaving:	

### MILITARY SERVICE

Branch of Service	Served From/To(Mo/Yr)	Active or Reserve Duty	Highest Grade	Skill Specialty or Primary Duty

List special schools attended / skills acquired during military service:

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List any scholarships, apprenticeships, licenses, certifications, membership in professional organizations or other information you believe should be considered in evaluating your qualifications.

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### REFERENCES

(Avoid listing members of the Clergy)

Name:	Phone Number:
Address:	Position / Title / Profession:
Approximately how many years has this individual known you?	

Name:	Phone Number:
Address:	Position / Title / Profession:
Approximately how many years has this individual known you?	

Name:	Phone Number:
Address:	Position / Title / Profession:
Approximately how many years has this individual known you?	

**SUPPLEMENTARY INFORMATION**

Type of employment desired:     Full-time         Part-time         Temporary

Are you now or were you ever employed by this City?     Yes         No  
If Yes, in what position?

From (Mo/Yr):    /    To:    /        Reason for leaving:

List any relatives employed by or currently holding an appointive or elective position in the City:

Do you have a valid driver's license?         Yes         No

Do you have a valid commercial driver's license?         Yes         No

Possession of a valid license is considered only when it relates to the duties of the position you have applied for.

Have you ever been convicted of a felony?         Yes         No  
If Yes, please attach separate sheet giving full information.

**APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW**

**CERTIFICATION**

**All information provided and statements made by me as part of this application, or as part of any additional information provided in support of this application, are complete, correct and true to the best of my knowledge.**

**I understand that if I am selected for employment, false information provided or false statements made as part of this application may be considered as cause for dismissal.**

\_\_\_\_\_   
 (Applicant's Signature)

\_\_\_\_\_   
 (Date signed)

Under the provisions of Section 19.36, Wisconsin Statutes, I request that my identity as an applicant for employment not be revealed without my consent or until required under law.

\_\_\_\_\_   
 (Applicant's Signature)

\_\_\_\_\_   
 (Date signed)

**FOR CITY USE ONLY**

Applicant's name:

Position applied for:

Date application received:

Application reviewed by:

Date:

Action taken:

- Application screened.
  - Ready for review as received.
  - Additional information requested:  
\_\_\_\_\_
  
- Application rejected.
  - Received after deadline.
  - Failure to meet minimum requirements:  
\_\_\_\_\_
  
- Application withdrawn.

Notes / comments:

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Application reviewed by:

Date:

Action taken:

- Applicant eligible for consideration
  - Additional information requested:  
\_\_\_\_\_
  
- Applicant not eligible for further consideration:  
\_\_\_\_\_  
\_\_\_\_\_

Notes / comments:

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