

# 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"/> <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:


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


### 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?	



**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:
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- Application rejected.
    - Received after deadline.
    - Failure to meet minimum requirements:
  
  - Application withdrawn.

Notes / comments:

Application reviewed by:

Date:

- Action taken:
- Applicant eligible for consideration
  - Additional information requested:
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- Applicant not eligible for further consideration:

Notes / comments:

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APPLICANT DATA RECORD

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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

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**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