



CITY OF OSHKOSH

APPLICATION FOR EMPLOYMENT

AA/EEO

Position you are applying for

Your Name _____

Date Available _____

Full Time Summer Part Time

Today's Date _____

Read Carefully Before Filling Out This Application

1. The application will remain in our files as a permanent record of the information which you give.
2. Any false statement knowingly made in this application or any deception or fraud on your part or on the part of any person acting on your behalf will be cause for eliminating you from consideration of or removal from city employment.
3. Answer all questions as completely as possible. Additional paper may be used if there is not sufficient space to answer questions in full.
4. You are not required to furnish any information, which is prohibited by federal, state or local law.
5. Return this application to the Personnel Office, Room 401, City Hall, or mail to P.O. Box 1130, Oshkosh, WI 54903-1130

Name _____
LAST
FIRST
MIDDLE

1. Address _____
NUMBER
STREET
CITY
STATE
ZIP CODE

2. Home Phone No. _____ Cell Phone No. _____ Business Phone No. _____

3. Are you a citizen of the U.S.? Yes No. If no, please explain your status. _____

4. Are you at least 18 years of age? Yes No. Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit, if necessary.

5. Are any of your relatives or members of your family presently employed by the City of Oshkosh? _____

Name _____ Relation _____ Department _____

6. Have you ever been employed by the City of Oshkosh? _____ Any other city, county or the state of WI _____

If so, in what capacity and during what period? _____

Reasons for leaving _____

7. What is your present title? _____

8. What is the minimum annual salary you will accept? _____

9. **For Firefighter applicants.** Pre-employment agreement between the City of Oshkosh Fire Department and (Please print your name) _____. A firefighter / paramedic's duties and responsibilities sometimes require working in a smoke-filled environment and/or hazardous environment. In recognition of these occupational hazards, special privileges are granted to firefighters regarding disability retirements State Statue 40.65 (Heart and Lung Bill). The City recognizes the need to minimize effects on employees and provides self-contained breathing apparatus for all hazardous situations. The applicant, by signing below, agrees to recognize his/her part and agrees not to smoke or use any type of smoking materials or tobacco during his/her employment with the City of Oshkosh, whether on or off duty. Violation of this agreement will be cause for immediate dismissal.

10. Have you ever been convicted of any violation of law or ordinance? Yes No If yes, give details:

11. Were you ever discharged or forced to resign from any position? _____ If yes, please explain: _____

12. Give the names of three responsible persons, who are not related to you and who can recommend you as to personality, character, training and ability.

NAME

ADDRESS

TELEPHONE NO.

1. _____
2. _____
3. _____

13. Do you possess a valid commercial driver's license? Yes No; **Class:** A B C; **Restrictions:** K L.

Endorsements: F H N P S T

14. Have you ever had your license suspended? _____ When and for what reason? _____

15. Education. Do not write "See Resume."

| School | Name of School and Location | Major/Degree | Did you graduate? | Presently Attending? | Credits Earned |
|---|-----------------------------|--------------|-------------------|----------------------|----------------|
| High School | | | | | |
| College, university or technical school | | | | | |
| College, university or technical school | | | | | |
| Other | | | | | |

16. List all previous employment for at least the past 10 years. Also, list all active military service. Attach additional sheets if necessary. The information below may be used in rating experience. It is important, therefore, that complete information be given. Start with your present or last job. Do not write "See Resume"

| | | | |
|---------------------|--------------------------|--|---|
| From (month & year) | Title of position held: | Phone Number: | Last salary (indicate yearly, monthly or hourly): |
| To (month & year) | Employer (Company Name): | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> | Name and title of supervisor: |
| Hours each week: | Address: | Reason for leaving or considering change: | |
| Primary Duties: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---------------------|--------------------------|--|---|
| From (month & year) | Title of position held: | Phone Number: | Last salary (indicate yearly, monthly or hourly): |
| To (month & year) | Employer (Company Name): | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> | Name and title of supervisor: |
| Hours each week: | Address: | Reason for leaving: | |
| Primary Duties: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---------------------|--------------------------|--|---|
| From (month & year) | Title of position held: | Phone Number: | Last salary (indicate yearly, monthly or hourly): |
| To (month & year) | Employer (Company Name): | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> | Name and title of supervisor: |
| Hours each week: | Address: | Reason for leaving: | |
| Primary Duties: | | | |
| | | | |
| | | | |
| | | | |
| | | | |

| | | | |
|---------------------|--------------------------|--|---|
| From (month & year) | Title of position held: | Phone Number: | Last salary (indicate yearly, monthly or hourly): |
| To (month & year) | Employer (Company Name): | Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temporary <input type="checkbox"/> | Name and title of supervisor: |
| Hours each week: | Address: | Reason for leaving: | |
| Primary Duties: | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

17. May we refer to your present and previous employers? Yes No Why? _____

18. Please explain any gaps in employment: _____

19. Write a concise statement of your experience, training and use of equipment (office & non-office) which in your opinion qualifies you for the position for which you are applying:

20. List special qualifications, certificates or technical training: _____

I hereby declare that the foregoing statements are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements, omissions or falsification may result in disqualification or removal from a city position. I understand that, if hired, my employment can be terminated with or without notice at any time, for any reason. I also understand that no management official is authorized to make any oral assurance or promise of continued employment, and that any such pledge or agreement must be in writing and signed by the City Manager.

Signature: _____ Date: _____

THIS APPLICATION WILL REMAIN ACTIVE FOR 6 MONTHS

REGISTRATION FOR EMPLOYMENT (print legibly or type)

Please do not attach this registration information to your employment application. This form is not part of your application for employment and will stay separate from the application. It is used for Affirmative Action and other recruitment assessment efforts.

NAME: _____ DATE: _____
Last First Middle Initial

MAILING ADDRESS: _____

CITY: _____ STATE: _____ ZIP CODE: _____

POSITION APPLYING FOR: _____

Note

PLEASE COMPLETE ONE FORM ONLY FOR ALL POSITION(S) YOU ARE APPLYING FOR.

(This Registration Form will be kept on file for one year.)

Please complete both sides

Confidential Affirmative Action Requirement

Sex: Male Female DISABLED: Yes No (If yes, please explain): _____

ETHNIC IDENTIFICATION

- WHITE (not of Hispanic origin):** All persons having origins in any of the original peoples of Europe, North Africa or the Middle East.
- BLACK (not of Hispanic origin):** All persons having origins in any of the Black racial groups of Africa.
- HISPANIC:** All persons of Mexican, Puerto Rican, Cuban, Central or South American of other Spanish culture or origin, regardless of race.
- ASIAN or PACIFIC ISLANDER:** All persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
- AMERICAN INDIAN or ALASKAN NATIVE:** All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Referred to City of Oshkosh by: (check one)

SELF FRIEND RELATIVE NEWSPAPER OTHER: _____

TO ALL APPLICANTS: Various departments of the Federal Government require most employers to record and maintain applicant information regarding sex, age, ethnic background and disability status. It is most important that you complete this portion of the card.