



CITY OF KIEL

621 Sixth Street
P.O. Box 98
Kiel, WI 53042
(920) 894-2909

APPLICATION FOR EMPLOYMENT

We consider applications for all positions without regard to race, color, religion, creed, sex, national origin, disability, sexual orientation, citizenship status, or any other legally protected status.

Position(s) applied for:

Date of application:

How did you learn about us?

- Advertisement
 Employment agency

- Relative
 Friend

- Inquiry
 Other:

Last name:

First name:

Middle name:

Street address:

City:

State:

Zip code:

Telephone number(s):

Best time to contact:

Email:

Do you have a current and valid Driver's License?

If you are under 18 years of age, can you provide required proof of your eligibility to work?

Yes

No

Have you ever submitted an application with us before?

If yes, provide date: _____

Yes

No

Have you ever been employed with us before?

If yes, provide date: _____

Yes

No

Do any of your friends or relatives work here?

Yes

No

Are you currently employed?

Yes

No

May we contact your present employer?

Yes

No

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?

Proof of citizenship or immigration status will be required upon employment.

Yes

No

Are you currently on "lay-off" status and subject to recall?

Yes

No

Can you travel if the job requires it?

Yes

No

Yes

No

Date available for work:

Desired salary or wage range:

Availability:

Full-time

Please indicate:

First Shift

Second Shift

Third Shift

Part-time

Please indicate:

Morning

Afternoon

Evening

Temporary

Please indicate start and end dates:

EDUCATION

	Name & Address of School	Course of Study	Number of Years Completed	Diploma or Degree
High School		General		
Undergraduate or Technical College				
Graduate or Professional				
Other (Specify)				

Describe any job-related training received in the United States Military and/or any other specialized training, apprenticeship, skills, or extra-curricular activities.

EMPLOYMENT EXPERIENCE

Start with your present or most current job.

You may exclude organizations which indicate race, religion, gender, national origin, disabilities, or other protected status.

Employer:		
Address:		
Telephone Number:		
Job Title:		
Supervisor		
Work Performed:		
Reason for Leaving:		
Dates Employed:	Hourly Rate/Salary:	

Employer:		
Address:		
Telephone Number:		
Job Title:		
Supervisor		
Work Performed:		
Reason for Leaving:		
Dates Employed:	Hourly Rate/Salary:	

Employer:		
Address:		
Telephone Number:		
Job Title:		
Supervisor		
Work Performed:		
Reason for Leaving:		
Dates Employed:	Hourly Rate/Salary:	

List professional, trade, business, civic, or volunteer activities and/or offices held.

You may exclude membership which would reveal gender, race, religion, age, ancestry, disability, or other protected status.

Summarize special job-related skills and qualifications acquired from employment or other experience.

State any additional information you feel may be helpful to us in considering your application.

REFERENCES

Name:

Phone Number:

Address:

Email:

Name:

Phone Number:

Address:

Email:

Name:

Phone Number:

Address:

Email:

Name:

Phone Number:

Address:

Email:

APPLICANT'S STATEMENT

I certify that answers herein are true and complete.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment shall be considered active for a period of time not to exceed 45 days. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge. I understand, also, that I am required to abide by all rules and regulations of the employer.

Signature of Applicant

Date