

City of Kiel

Application for Employment

621 Sixth Street

(920) 894 2909

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

Relative

Inquiry

Employment Agency

Friend

Other: _____

Last Name

First Name

Middle Name

Street Address

City

State

Zip Code

Telephone Number(s)

Social Security Number

Best time to contact you at home:

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

Yes

No

Have you ever filed an application with us before?

Yes

No

...If yes, provide date:

Have you ever been employed with us before?

Yes

No

...If yes, provide date:

Do any of your friends or relatives, other than spouse, 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? Yes No
Proof of citizenship or immigration status will be required upon employment.

Date Available for Work

____/____/____

Desired Salary Range

Are you available to work:

- Full-Time (please indicate 1 2 3 shift)
 Part-Time (please indicate Mornings Afternoons Evenings)
 Temporary (please indicate dates ____/____/____ to ____/____/____)

Are you currently on "lay-off" status and subject to recall? Yes No

Can you travel if a job requires it? Yes No

Education

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

Describe any specialized training, apprenticeship, skills, and/or extra-curricular activities.

Describe any job-related training received in the United States military.

Employment Experience

Start with your present or last job. Include any job-related military service assignments and volunteer activities. You may exclude organizations which indicate race, color, religion, gender, national origin, disabilities, or other protected status.

Employer _____
Address _____
Telephone Number _____
Job Title _____
Supervisor _____
Work Performed _____
Reason for Leaving _____
Dates Employed (Start-Finish) _____ **Hourly Rate/Salary** _____
_____/_____/_____ to ____/____/_____

Employer _____
Address _____
Telephone Number _____
Job Title _____
Supervisor _____
Work Performed _____
Reason for Leaving _____
Dates Employed (Start-Finish) _____ **Hourly Rate/Salary** _____
_____/_____/_____ to ____/____/_____

Employer _____
Address _____
Telephone Number _____
Job Title _____
Supervisor _____
Work Performed _____
Reason for Leaving _____
Dates Employed (Start-Finish) _____ **Hourly Rate/Salary** _____
_____/_____/_____ to ____/____/_____

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

You may exclude membership which would reveal gender, race, religion, national origin, 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

Name

Phone Number

Address

Name

Phone Number

Address

Applicant's Statement

I certify that answers given 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