

**City of Fort Atkinson
Employment Application**



Personal Information

Name

Address	City	State	Zip
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Phone number	Email address
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Are you legally eligible to work in the US? Yes <input type="checkbox"/> No <input type="checkbox"/>	Are you a veteran? Yes <input type="checkbox"/> No <input type="checkbox"/>
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If selected for employment are you willing to submit to a background check?
Yes No

Position

Position you are applying for	Available start date	Desired pay
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Employment desired

Full time Part time Seasonal/Temporary

Education

School name	Location	Years attended	Degree received	Major

References (business and professional only)

Name	Title	Company	Phone

Employment History

Employer (1)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (2)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip
Employer (3)	Job title		Dates employed
Work phone	Starting pay rate		Ending pay rate
Address	City	State	Zip

Additional Information

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

Yes No

Have you been convicted of a felony within the last seven (7) years? If yes please explain:

Yes No

Have you filed an application here before? Were you referred by a current City of Fort Atkinson employee? If so name them.

Yes No

Have you ever been employed here before?

Yes No

Do you hold a valid Drivers' License? C.D.L. License?

Yes No Yes No

Signature Disclaimer

I authorize the investigation of my personal character or employment record, and I hereby release all persons providing this information from any liability or damages. I certify that all answers to questions in this application are true, and I agree that my misstatement or omissions of material fact will cause disqualification in consideration of, or termination from employment of any kind with the City of Fort Atkinson. Further, I understand and agree that my employment is for no definite period and may, regardless of the date of payment of my wages and salary, be terminated at any time without any previous notice.

Name (please print)

Signature

Date