

City of Algoma 416 Fremont Street Algoma, WI 54201 (920) 487-5203

APPLICATION FOR EMPLOYMENT

The City of Algoma is an Equal Employment Opportunity Employer, we consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, sexual orientation, material or veteran status, or any other legally protected status. Applicants requiring reasonable accommodation to the application and/or interview process should notify us immediately. Please understand that the City will only accept applications for currently advertised positions.

Position desired:

_____ Date of Application:_____

How did you learn of this Vacancy?:______ Date available for employment:______

	Genera	l Inform	ation			
Last Name		Firs	st Name		М	iddle Initial
Street Address	P.O Box		City	State	Zip	1
Home Phone	Work Phone		Message Phone	E-mail	Address	
						Circle One)
f you are under 18 years of a				work?	Yes	No
Have you previously applied If yes, Position and Dat					Yes	No
Have you previously been em If yes, Position and Dat		•			Yes	No
Do you know anyone who is If yes, Name and Relati					Yes	No
Are you legally authorized to	become employed in	n the Unit	ted States?		Yes	No
Are you currently employed?					Yes	No
If yes, may we contact	your current employ	er?			Yes	No
f required for this position w	hat is your Driver's	License #	and State?			
Have you been convicted of a If yes, please explain:_	•	•			Yes	No

The City, in making hiring decisions, will consider criminal convictions and how a conviction relates to the position you are applying for. A criminal conviction will not automatically bar you from employment.

Does the salary for this position meet your requirements?	Yes	No
Can you travel overnight if required?	Yes	No
Are you available to work occasional evenings and/or weekends if required?	Yes	No

	Ec	lucation	and Trai	ining			
Did you graduate from high school or receive a Name/Location of institution that issued you di			□ Yes				
Name of college, university or vocational school	Major	Dates A	Attended	Full Years Completed	Degrees Con	nferred	Credit Hours
		From	То		Title	Date	
Indicate any professional certificates or license	s you possess th	at are related	l to this posi	tion:			

Employment History

Start with present or last job and work back. Be sure to include the experience which you feel qualifies you for this position. Include military service, volunteer service or other unpaid experience. Failure to complete this section may affect your being considered for an interview or employment. A RESUME CAN SUPPLEMENT **BUT NOT SUPPLANT** COMPLETION OF THE FOLLOWING INFORMATION. Please use a separate sheet if needed.

Employed by:		Your Job Title:
Address:		Your Duties:
Employed From (Mo. / Yr.)	To (Mo. / Yr.)	
Supervisor's Name	Phone No.	
Supervisor's Title		
Starting Salary \$	Final \$	
Number of Hours Worked Per Week		
Number of Employees Supervised		
Reason for Leaving		
May We Contact This Employer 🛛 No	□ Yes	
Employed by:		Your Job Title:
Employed by: Address:		Your Job Title: Your Duties:
	To (Mo. / Yr.)	
Address:	To (Mo. / Yr.) Phone No.	
Address: Employed From (Mo. / Yr.)		
Address: Employed From (Mo. / Yr.) Supervisor's Name		
Address: Employed From (Mo. / Yr.) Supervisor's Name Supervisor's Title	Phone No.	
Address: Employed From (Mo. / Yr.) Supervisor's Name Supervisor's Title Starting Salary \$	Phone No.	
Address: Employed From (Mo. / Yr.) Supervisor's Name Supervisor's Title Starting Salary \$ Number of Hours Worked Per Week	Phone No.	

Employment His	story - Continued
Employed by:	Your Job Title:
Address:	Your Duties:
Employed From (Mo. / Yr.) To (Mo. / Yr.)	
Supervisor's Name Phone No.	
Supervisor's Title	
Starting Salary \$ Final \$	
Number of Hours Worked Per Week	
Number of Employees Supervised	
Reason for Leaving	
May We Contact This Employer	
Employed by:	Your Job Title:
Address:	Your Duties:
Employed From (Mo. / Yr.) To (Mo. / Yr.)	
Supervisor's Name Phone No.	
Supervisor's Title	
Starting Salary \$ Final \$	
Number of Hours Worked Per Week	
Number of Employees Supervised	
Reason for Leaving	
May We Contact This Employer	

Additional Qualifications

Please summarize your additional skills or qualifications related to this position, including computer and equipment operation:

Additional Information

Anything else you would like us to consider relating to your ability to perform the job for which you have applied?

Professional References

Name	Position and Employer	Phone Number	

CITY OF ALGOMA – AFFIDAVIT/CERTIFICATION OF INFORMATION AND RELEASE

By my signature below:

I certify that to the best of my knowledge the information contained in this application and all supplemental information I have submitted is true and complete. I understand that my employment may be denied or terminated if I provide false, misleading, or incomplete information during the hiring process or during my employment, regardless of when or how discovered.

I certify that I have read the job description for the position for which I am applying and that I can perform the essential and auxiliary functions listed for this position with or without reasonable accommodation, and I understand that the job description is illustrative only and does not list all functions or responsibilities of the position.

I understand that this application is valid only for this position and I must re-apply for any future positions with the City of Algoma.

I understand that if I am hired I must produce applicable documents showing that I am lawfully authorized to work in the United States, in accordance with the Immigration Reform and Control Act of 1986, as amended.

I understand and agree that the City may contact my current and prior employers, educational institutions, and other references, whether listed or not listed in my application material. These references are authorized to give the City any and all pertinent information they may have related to my previous job performance and my ability to perform the job I am applying for, this includes information relating to my moral character. I release all persons or entities involved, including the City of Algoma, previous employers and their agents, and any other person or entity, from all liability arising from this contact and release of information. (You will be informed prior to the City contacting references and present or past employers.)

I agree to submit to any post-offer, pre-employment, medical or physical testing, as required by the City of Algoma.

I authorize the City to conduct a criminal history and credit check and understand that the City in making hiring decisions will consider criminal convictions and how a conviction relates to the position I am applying for. I understand that a criminal conviction does not automatically bar me from employment with the City. (You will be notified prior to the background check and if a credit check is required you will be notified of your rights under the Fair Credit Reporting Act.)

I understand and agree that nothing contained in this employment application packet creates a contract for employment between the City and me. If an employment relationship is established, I understand that unless specifically limited in an expressed, formal executed contract, I have the right to terminate my employment at any time and that the City has the same right.

Applicant Signature

Date

Applicant Name - Printed