

CITY OF MARINETTE

APPLICATION FOR EMPLOYMENT

Regular

Marinette City Hall, 1905 Hall Avenue, Marinette, WI 54143 Phone (715) 732-5149 Email jnelson@marinette.wi.us

The City of Marinette is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, religion, color, disability, pregnancy, marital status, sex, national origin, ancestry, or any other legally protected status.

To apply mail, email, or drop off application and any other documents such as cover letter or resume as listed above.

Application Instructions:

- Please print in ink or type.
- Application must be fully completed to be considered for employment. Incomplete applications may be rejected.
- If more space is needed, indicate this on the application form and attach sheets of the same size as this application.
- A separate application is required for each position.

POSITION APPLIED FOR:	DATE:

		DERSONAL IN	IFORMATION					
Name in Full (Last, First, Middle)			Cell Phone Number		Home Telephone Number			
Address (Apartment,	Street, P.O. Box)		Social Security Number					
City State			Zip Code	Emai	mail Address			
Have you previously been employed by the City of Marinette?	☐ Yes	☐ No	If yes, was employment under a different name?	ent Yes		Yes	☐ No	
If yes, what dates, position and department?			If yes, what was the different name?					
Are you legally eligible for employment in the United States? Yes No			Are you 18 or older? Yes No					
Are you interested in: Full-time Part-time Seasonal Temporary			Date available to start work					
Wisconsin Driver's Lice Can you travel if position required it? Yes No No No No No Wisconsin Driver's Lice DL Number:					License:			
Are you related to or cohabitate with any City employee or elected official? Yes No If Yes, state your relationship: Employees name:			How did you hear of this position? City Website City Employee Another Website Other					

EDUCATION								
Name of School and Loca	ation	Gradua (Yes)		iraduated No)	Degree Received Field or Major		Field or Major Study	
High School					N/A N		N/A	
Tech								
College								
Other								
				MILIT	ARY			
Branch of Service Period of Active Du (Month/Year)		-	/	Rank at D		Type of Discharge	Date of Final Discharge	
Special training:								
, ,								
			EM	PLOYMEN	T HISTORY			
Begin with your current of	r most recent	job, the	f-emplo n list ea	yment, mili ch previous	tary service employer ir	or volunteer experience yon order. All boxes must be lection and you could appo	completed. Do not refer	
Are you currently employ		No				tact your current employe		
Name of Employer	- La Tes		rom:		Your Job			
Name of Employer			To:					
Address City, State, Zip			Hours per	week	Job Dutie			
Supervisor's Name / Telephone		А	Annual Sa	lary / Wage	Reason fo	or Leaving		
Name of Employer		F	rom:		Your Job	Title		
Address City, State, Zip			Γo: Hours per	week	Job Duties			
			lary / Wage					
Supervisor's Name / Telepho	one		Allilual Sa	nary / wage	Reason ic	or Leaving		
Name of Employer		F	rom:		Your Job	Title		
			Го:					
Address City, State, Zip		H	Hours per week		Job Dutie	Job Duties		
Supervisor's Name / Telepho	one	A	Annual Sa	lary / Wage	Reason fo	or Leaving		
Name of Employer		F	rom:		Your Job	Title		
			Го:					
Address City, State, Zip			Hours per		Job Dutie			
Supervisor's Name / Telepho	one	A	Annual Sa	lary / Wage	Reason fo	or Leaving		

(For additional employers, please use a separate sheet of paper)

Explain any gaps in	employment				
		REFERENCES			
Work or educ	ation-related (former employers,	supervisors, co-workers, school fa	culty). No relativ	es/significant others.	
Name	Occupation	Nature of relationship	Years known	Phone Number	
Name	Occupation	Nature of relationship	Years known	Phone Number	
Name	Occupation	Nature of relationship	Years known	Phone Number	-
	SPECIAL	SKILLS AND QUALIFICATIONS			
	alized training, apprenticeship, job	-related skills and extra-curricular			,
	programs, foreign languages, profe	essional licenses, professional or t	rade organization	ns, etc.)	
	RECORD OF L	AW ENFORCEMENT CONVICTI	ONS		
· ·	n convicted of an offense other tha				
· ·	elonies, misdemeanors, and traffic			•	
DATE	employment. This information windown MUNICIPAL/COUNTY/STATE	LAW VIOLATED		ON (forfeited, fined, etc.)	
DAIL	WONICIPAL/COONTI/STATE	LAW VIOLATED	DISFOSITIO	on (torreiteu, filleu, etc.)	

AUTHORIZATION AND SIGNATURE

I hereby certify that all answers made on or in connection with this application are true, complete and correct to the best of my knowledge. I understand that any misstatements, false information, or omissions of fact on this application subject me to disqualification or dismissal.

I understand and agree that all information furnished in this application may be verified by the City of Marinette. I also understand that any employment is subject to a satisfactory check of references and satisfactory results of a criminal background check, drug/alcohol screen, and any other required examinations. I understand this may be required as a condition of employment or continued employment and understand that unless otherwise prohibited by law, refusal to submit to such testing during the course of my employment may result in disciplinary action, up to and including dismissal. As a condition of employment, I understand, I am required to comply with the City of Marinette's drug-free workplace policy.

I understand that this application is not, nor is it intended to be a contract for continued employment.

I hereby voluntarily and knowingly authorize and request any current or former employer, educational institution, law enforcement agency, or other persons or organizations having personal knowledge about me to furnish the City of Marinette with any and all information in their possession regarding me, in connection with an application for or retention of employment. Further, I hereby release from liability or responsibility all persons, companies, and corporations supplying such information. Copies of this document will be considered as valid as an original thereof.

NAME (Print):	Date:
Signature:	
Signature.	

Thank you for completing this application form and your interest in employment with the City. We would like to assure you that your opportunity with the City of Marinette will be based only on your merit and fitness and on no other consideration. Your application will remain active for six (6) months from the date that you apply. Hiring is contingent on the successful completion of a pre-employment drug test.