

## APPLICATION FOR EMPLOYMENT

City of Seymour  
 328 N. Main Street  
 Seymour, WI 54165  
 Phone (920)833-2209  
 Fax (920)833-7221

AN EQUAL OPPORTUNITY EMPLOYER

IMPORTANT: PLEASE PRINT IN BLACK INK OR TYPE <span style="float: right;">DATE:</span> DISCLAIMER: Applicants selected for employment are subject to drug testing. An offer of employment is contingent upon evaluation and approval of data received via background checks and drug testing. Date of birth will be required for background investigation upon conditional offer.			
Title of Position Applied For: <span style="float: right;"><input type="checkbox"/> Full-Time    <input type="checkbox"/> Part-Time</span>			
Name	Res. Phone		
Address (Street)	Bus. Phone		
(City, State, Zip Code)			
Are you at least 18 years of age? <input type="checkbox"/> Yes <input type="checkbox"/> No    Drivers License #:			
Are you a resident of the City of Seymour <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been employed by the City of Seymour? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when, in what position, and in what department:			
Do you possess a valid driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Do you possess a valid commercial driver's license? <input type="checkbox"/> Yes <input type="checkbox"/> No			
HIGHEST GRADE OR YEAR COMPLETED IN PRIMARY OR SECONDARY SCHOOL <b>Name and Location of High School</b> Graduate 1 2 3 4 5 6 7 8 9 10 11 12    _____ <input type="checkbox"/> Yes <input type="checkbox"/> No If you have not received a high school diploma, have you passed a high school equivalency or GED test? <input type="checkbox"/> Yes <input type="checkbox"/> No			
TRAINING BEYOND HIGH SCHOOL, COLLEGE OR UNIVERSITY, NURSING, BUSINESS COLLEGE, OR OTHER SCHOOLS YOU HAVE ATTENDED.    CIRCLE THE NUMBER OF YEARS COMPLETED IN POST SECONDARY SCHOOL <div style="text-align: right; margin-right: 50px;">1   2   3   4   5   6   7   8</div>			
College, University or Technical College Name and Location	Presently Attending	Field of Study	Degree
	Yes   No		Yes   No
	Yes   No		Yes   No
	Yes   No		Yes   No



IMPORTANT: WE NEED THE INFORMATION REQUESTED BELOW TO AID US IN DETERMINING YOUR QUALIFICATIONS FOR THE POSITION YOU HAVE APPLIED FOR. IT IS IMPORTANT THAT THIS DATA BE AS COMPLETE AS POSSIBLE IN ORDER THAT YOU RECEIVE MAXIMUM CONSIDERATION. PLEASE LIST YOUR PRESENT AND PAST FULL AND PART-TIME EMPLOYMENT. GIVE SPECIAL ATTENTION TO EXPERIENCE RELATING TO THE JOB FOR WHICH YOU ARE APPLYING. BE SURE TO GIVE COMMUNITY SERVICE WORK AND ANY RELATED SELF-EMPLOYMENT AND MILITARY SERVICE. USE ADDITIONAL SHEETS IF NECESSARY. ATTACH A RESUME TO FURTHER EXPLAIN YOUR QUALIFICATIONS. YOU MUST COMPLETE ALL THE INFORMATION BELOW TO BE CONSIDERED FOR A POSITION.

From (Mo. & Yr.)	Title of your PRESENT position	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties:	Address	
		Name and Title of Supervisor	
Hours Each Week		Name and Title of Next Higher Supervisor	
Starting Salary		If we contact your present employer, will your position be endangered: [ ] Yes [ ] No	
Present Salary	NO. OF EMPLOYEES YOU SUPERVISED	Reason for leaving or considering change	

From (Mo. & Yr.)	Title of Position Held	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties:	Address	
		Name and Title of Supervisor	
Hours Each Week		Name and Title of Next Higher Supervisor	
Last Salary		Reason for Leaving	

From (Mo. & Yr.)	Title of your PRESENT position	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties:	Address	
		Name and Title of Supervisor	
Hours Each Week		Name and Title of Next Higher Supervisor	
Last Salary		Reason for Leaving	

From (Mo. & Yr.)	Title of your PRESENT position	Employer's Name	Phone
To (Mo. & Yr.)	Primary Duties:	Address	
		Name and Title of Supervisor	
Hours Each Week		Name and Title of Next Higher Supervisor	
Last Salary		Reason for Leaving	