

**CITY OF SHEBOYGAN  
MEAD PUBLIC LIBRARY  
SHEBOYGAN, WISCONSIN 53081**

**APPLICATION FOR EMPLOYMENT**

(Use additional pages if necessary.)

Please print or type. Answer all questions completely and show clearly that you meet the requirements of the position applied for. The information will be used to determine if your application is accepted. Part or all of your rating will be based on this information.

<b>POSITIONS APPLIED FOR</b>		<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT
		<input type="checkbox"/> PART-TIME	<input type="checkbox"/> SEASONAL
NAME (FIRST, MIDDLE, LAST)		RESIDENCE TELEPHONE NO.	ALTERNATE TELEPHONE NO.
PRESENT ADDRESS (GIVE NUMBER, STREET, CITY, STATE AND ZIP CODE)			
GIVE ALL OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN (INCLUDE MAIDEN NAME)			ARE YOU A U.S. CITIZEN OR LEGAL ALIEN? YES <input type="checkbox"/> NO <input type="checkbox"/>
NAMES OF RELATIVES EMPLOYED BY THE CITY (INDICATE RELATIONSHIP)			

**COMPLETE IF APPLICABLE TO THE JOB FOR WHICH YOU ARE APPLYING:**

DO YOU HAVE A VALID WI DRIVER'S LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>	DO YOU HAVE A VALID COMMERCIAL DRIVER'S LICENSE?	TYPING SPEED WPM	CRT INPUT SPEED WPM
LIST ANY OTHER LICENSES, REGISTRATIONS, OR CERTIFICATES YOU POSSESS.			

EARLIEST DATE AVAILABLE TO START WORK?	HOW MANY DAYS OF WORK HAVE YOU MISSED IN THE LAST FIVE YEARS DUE TO PERSONAL REASONS?
--	---

WERE YOU EVER ASKED TO RESIGN OR DISCHARGED? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, EXPLAIN:
---

MAY WE CONTACT YOUR PRESENT EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	LIST SHIFTS YOU ARE AVAILABLE TO WORK:
---	--

IS THIS THE ONLY INCOME PRODUCING JOB YOU INTEND TO HAVE? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, EXPLAIN:
---

HAVE YOU EVER BEEN EMPLOYED BY THIS CITY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES: POSITIONS: _____ DATES: _____
---

WERE YOU IN THE U.S. ARMED FORCES? YES <input type="checkbox"/> NO <input type="checkbox"/> BRANCH _____	IF YES, WHEN? FROM _____ TO _____	TYPE OF DISCHARGE?
---	--------------------------------------	--------------------

HAVE YOU EVER BEEN CONVICTED OF ANY VIOLATION OF LAW OTHER THAN MINOR TRAFFIC VIOLATIONS? \* YES  NO   
CONVICTIONS ARE NOT AN AUTOMATIC BAR TO EMPLOYMENT AND WILL BE CONSIDERED ONLY AS IT RELATES TO THE JOB.

IF YES, NATURE OF OFFENSE	DATE OF CONVICTION	NAME AND LOCATION OF COURT

CIRCLE THE HIGHEST GRADE COMPLETED IN SCHOOL 3 4 5 6 7 8 9 10 11 12	NAME AND ADDRESS OF HIGH SCHOOL	DID YOU GRADUATE YES <input type="checkbox"/> NO <input type="checkbox"/>
--	---------------------------------	--

TRAINING BEYOND HIGH SCHOOL: COLLEGE, TECHNICAL OR OTHER SCHOOLS YOU HAVE ATTENDED. UNDER CREDITS EARNED INDICATE Q FOR QUARTERS AND S FOR SEMESTERS. COMPLETE BELOW:	CIRCLE THE NUMBER OF YEARS BEYOND HIGH SCHOOL 1 2 3 4 5 6	GED CERTIFICATE YEAR _____
---	--	-------------------------------

NAME AND LOCATION	DATES ATTENDED		CREDITS EARNED	MAJOR FIELD	DEGREES CONFERRED AND YEAR
	FROM	TO			

**EMPLOYMENT INFORMATION**

Begin with your present employment and work back. Account for all time during the last 15 years including periods of unemployment. Answer all questions even if you submit a resume. IN ADDITION, please describe all other experience that would qualify you for this position.

PRESENT OR MOST RECENT EMPLOYER		COMPLETE ADDRESS / PHONE NO.		
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING		NAME OF SUPERVISOR	
YOUR DUTIES	TOTAL TIME EMPLOYED	FROM (MO. & YR.)	TO (MO. & YR.)	
	TOTAL TIME EMPLOYED FULL-TIME _____			
	TOTAL TIME EMPLOYED PART-TIME _____			
	EARNINGS (HOURLY OR YEARLY) _____			

EMPLOYER		COMPLETE ADDRESS / PHONE NO.		
YOUR TITLE	REASONS FOR LEAVING		NAME OF SUPERVISOR	
YOUR DUTIES	TOTAL TIME EMPLOYED	FROM (MO. & YR.)	TO (MO. & YR.)	
	TOTAL TIME EMPLOYED FULL-TIME _____			
	TOTAL TIME EMPLOYED PART-TIME _____			
	EARNINGS (HOURLY OR YEARLY) _____			

EMPLOYER		COMPLETE ADDRESS / PHONE NO.		
YOUR TITLE	REASONS FOR LEAVING		NAME OF SUPERVISOR	
YOUR DUTIES	TOTAL TIME EMPLOYED	FROM (MO. & YR.)	TO (MO. & YR.)	
	TOTAL TIME EMPLOYED FULL-TIME _____			
	TOTAL TIME EMPLOYED PART-TIME _____			
	EARNINGS (HOURLY OR YEARLY) _____			

EMPLOYER		COMPLETE ADDRESS / PHONE NO.		
YOUR TITLE	REASONS FOR LEAVING		NAME OF SUPERVISOR	
YOUR DUTIES	TOTAL TIME EMPLOYED	FROM (MO. & YR.)	TO (MO. & YR.)	
	TOTAL TIME EMPLOYED FULL-TIME _____			
	TOTAL TIME EMPLOYED PART-TIME _____			
	EARNINGS (HOURLY OR YEARLY) _____			

**IF MORE SPACE IS REQUIRED, FILL OUT A BLANK SHEET AS ABOVE AND ATTACH**

LIST ALL OTHER QUALIFICATIONS WHICH WOULD QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED.


\* Federal and state laws prohibit discrimination based upon this information which is requested. We are an Equal Opportunity Employer. M/F/H. Your opportunity for employment or promotion will be based on your merit and fitness and no other consideration.

**READ CAREFULLY BEFORE SIGNING** — I certify that all answers to the above questions are true and complete. I understand and agree that any mis-statements or omissions of material facts will subject me to disqualification or dismissal. I hereby authorize the City to investigate my former employers and to make any further investigation deemed necessary and do hereby release the City and its employees from all liability resulting from such investigation. This application will remain active for only 90 days unless renewed by me.

**IF YOU HAVE A DISABILITY WHICH MAY REQUIRE REASONABLE ACCOMMODATION, PLEASE CHECK HERE TO REQUEST TO DISCUSS POTENTIAL ACCOMMODATIONS THAT WOULD ENABLE YOU TO PARTICIPATE IN THE APPLICATION PROCESS OR PERFORM THE ESSENTIAL FUNCTIONS OF THE JOB FOR WHICH YOU ARE APPLYING.**

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please fill in all hours that you are available to work between the hours listed in each table below:

**Labor Day through Memorial Day**

Sunday (Oct.-Apr) 1-5pm	Monday 8am-8pm	Tuesday 8am-8pm	Wednesday 8am-8pm	Thursday 8am-8pm	Friday 8am-5pm	Saturday 8am-5pm

**Memorial Day through Labor Day**

Sunday (Closed)	Monday 8am-5pm	Tuesday 8am-8pm	Wednesday 8am-5pm	Thursday 8am-8pm	Friday 8am-5pm	Saturday 8am-1pm

Child labor laws limit the hours that minors of various ages may work. Are you under 16 years old? Yes No

If you are under 16, on what date will you be 16? \_\_\_\_\_