



**CITY OF CUDAHY**  
 5050 South Lake Drive  
 Cudahy, WI 53110

# Employment Application

APPLICANT INFORMATION									
Last Name			First			Date of Application			
Street Address				Apartment/Unit #					
City			State		ZIP				
Phone			Cell Phone						
Email Address				Best time to be reached?		A.M	Afternoon		PM
Position(s) Applied for					Date Available				
How did you Learn about us?		Posting	Friend		Inquired at City Hall	Relative	Other: _____		
Have you ever been employed with us before?		YES	NO		If so, when?				
If you are under 18 years of age, can you provide required proof of your eligibility to work?					YES		NO		
Are you currently employed?		YES	NO	Are you currently on "layoff" status and subjected to recall?		YES	NO		
Are you available to work:		Full Time	Part Time		Temporary	If temporary, what date range can you work:		—	
Does the City of Cudahy have permission to contact your present employer at this time?					YES		NO		
Are you prevented from lawfully becoming employed in this country because of Visa or Immigration status?					YES		NO		
Do you have any limitations which would prevent you from performing the essential functions of the job for which you have applied?							YES	NO	
If yes, please explain									
Have you ever been convicted of a felony within the last 5 years? *Conviction will not necessarily disqualify an applicant from employment.					YES		NO		
Do you have any charges pending or have you ever been convicted of any violation of the Law other than minor traffic violations?					YES		NO		
If answered yes to either last 2 questions above, complete the following: Pending charges or conviction will not necessarily disqualify an applicant from employment.									
Charge			Date		City & State		Fine or Sentence		

Have you ever been discharged for cause from any employment?						YES	NO		
If yes, state the details:									
If the position for which you have applied requires use of a motor vehicle, do you have:		A valid driver's license?		YES	NO	A Commercial Driver's license?		YES	NO
If the position for which you have applied requires use of a motor vehicle, has your license ever been revoked or suspended?							YES	NO	
If yes, please explain and give dates:									
<b>EDUCATION</b>									
<b>High School</b>					Address				
From		To		Did you graduate?	YES	NO			
<b>College</b>					Address				
From		To		Did you graduate?	YES	NO	Degree		
<b>Other</b>					Address				
From		To		Did you graduate?	YES	NO	Degree		
Describe any specialized training, apprenticeship, skills and/or extra-curricular activities:									
State any additional education information you feel may be helpful to us									
List professional, trade, business or civic activities and offices held. <i>You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry or handicap or other protected status.</i>									
<b>REFERENCES</b>									
<i>Please list three references who are not prior employers, and who are not related to you.</i>									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									
Full Name					Relationship				
Company					Phone				
Address									

**PREVIOUS EMPLOYMENT**

Start with your present or last job. Please list all your employers. If you need additional space

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?						YES	NO

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?						YES	NO

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?						YES	NO

Company				Phone			
Address				Supervisor			
Job Title			Starting Salary	\$	Ending Salary	\$	
Responsibilities							
From		To		Reason for Leaving			
May we contact your previous supervisor for a reference?						YES	NO

**SPECIAL SKILLS AND QUALIFICATIONS**

Summarize special job-related skills and qualifications acquired from training, employment or other experience.


**CURRENT CERTIFICATIONS/LICENSES**

Please list any relevant to the position for which you have applied

Type	Conducted By	Date Certified – Date Expires	Level

I request that my employment application with the City of Cudahy and all related references and documents remain confidential to the extent allowed by Wisconsin statutes.

YES

NO

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT WITH THE CITY OF CUDAHY

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any misleading or incorrect statements may render this application void. If I am employed and it is subsequently discovered that any answer given by me is incomplete, misleading or incorrect, I may be terminated. I agree that the City of Cudahy shall not be held liable in any respect if my employment is terminated because of false, incomplete or misleading statements, answers or omissions made by me in this application.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the City of Cudahy any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the City of Cudahy including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to an appointment to a position with the City of Cudahy. Refusal to participate will result in the rejection of my application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**CONFIDENTIAL EMPLOYEE/APPLICANT INFORMATION**

Note: This information will not be shared with those individuals involved in the interviewing process.

Last Name		First		Date of Application	
Job Title			Department		
<b>The Following information is not requested on our employment application.</b>					
Date of Birth Month/Date/Year			Sex	Male	Female
<b>Racial/Ethnic Identification:</b> Check the box that most accurately describes your racial/ethnic identity (Select only one.). Please note that, if necessary, verification must be provided.					
White/Caucasian	Not of Hispanic Origin – Persons having origins in any of the original peoples of Europe, North Africa or the Middle East				
Black	Not of Hispanic Origin – Persons having origins in any of the Black racial groups of Africa				
Hispanic	Persons of Mexican, Puerto Rican, Cuban, Central or South American or Spanish culture or origin, regardless of race				
Asian or Pacific Islander	Persons having origins in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent, or the Pacific Island. For example, China, India, Japan, Korea, the Philippine Islands and Samoa				
American Indian* or Alaskan Native	Persons having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.				
	*Name of Tribe				
	*Agency or reservation where tribal enrollment records are kept:				
The City of Cudahy does not allow immediate family members to supervise another family member in the work environment. In other circumstances, family members may be barred from working together for reasons of safety or security or other business necessity.					
Are you related to anyone currently employed by the City of Cudahy? If yes, please specify:				YES	NO
Name		Relationship		Position	
Do you have any physical or mental conditions/disabilities? If yes, please explain.				YES	NO
I certify that the above information is true and correct.			Signature:		