



City of Oconto  
1210 Main Street  
Oconto, Wisconsin 54153

## CITY OF OCONTO APPLICATION FOR EMPLOYMENT

We consider applicants for all positions without regard to the race, color, religion, sex, national origin, age, marital status, the presence of a non-job related medical condition or handicap, or any other legally protected status.

**PLEASE PRINT OR TYPE ALL INFORMATION**

**\*\*USE ADDITIONAL PAGES IF NECESSARY**

Last Name	First Name	Middle Name
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Application for Position of:	Date Available:
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Present Address - Number, Street, City, State, Zip Code	Home Phone (Include Area Code)
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Mailing Address (if different from above) - Number, Street, City, State, Zip Code	Business Phone (Include Area Code)
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What hours are you NOT available to work? (AM or PM)	What days are you NOT available to work? (Please circle)
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Types of Employment Preferred (Circle more than one box if desired)			
Permanent (Full-time)	Permanent (Part-time)	Temporary (Full-time) until _____	Temporary (Part-time) until _____

- |   |                |
|---|----------------|
| 1. Do you have access to a car? (For some positions, a vehicle is required.)        | ___ Yes ___ No |
| 2. Do you have a valid driver's license?  | ___ Yes ___ No |
| 3. Are you over age 18?   | ___ Yes ___ No |
| 4. Are you a U.S. citizen, or do you have an entry permit which allows you to work? | ___ Yes ___ No |

### EDUCATION AND TRAINING

Circle the highest grade or year completed in school: 1 2 3 4 5 6 7 8 9 10 11 12	Do you have a high school diploma or a GED equivalency? ___ Yes ___ No	Name & Location of High School:
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Training beyond high school (College, Nursing, Business College or other schools you have attended) Under credits earned, indicate Q for Quarter Hours and S for Semester Hours.	Circle the number of years in College: 1 2 3 4 5 6 7 8
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Name and Location	Dates Attended		Credits Earned	Major / Field	GPA/ Base	Degree (and year conferred)
	FROM	TO				

Describe any education or training you have had which is not covered above (such as vocational school, correspondence courses, service schools, in-service training or volunteer work) that you feel is relevant to the job or jobs for which you are applying. Also include relevant licenses or certificates. Be specific.

List any organizations you belong to (or have belonged to) and any job related honors or awards you have received:

**WORK EXPERIENCE**

Provide a complete description. This information will be used to determine if your application is accepted.

BE SPECIFIC. Start with your most recent job. BE SURE TO INCLUDE SERVICE IN THE ARMED FORCES. For part-time work, show the average number of hours per month, indicate any changes in job title under same employer. You may also attach Work Application Supplement (SET-S012) with additional information.

Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties:	Name of Supervisor:	
	Total Time Employed: (Month & Year)	
	From:	Full-Time ____
	To:	Part-Time ____
Check One:		
____ Monthly Salary		Beginning \$ _____
____ Hourly Salary		Ending \$ _____
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties:	Name of Supervisor:	
	Total Time Employed: (Month & Year)	
	From:	Full-Time ____
	To:	Part-Time ____
Check One:		
____ Monthly Salary		Beginning \$ _____
____ Hourly Salary		Ending \$ _____
Employer	Kind of Business	Street Address
Your Title	Reason for Leaving	City, State, Zip Code
Your Duties:	Name of Supervisor:	
	Total Time Employed: (Month & Year)	
	From:	Full-Time ____
	To:	Part-Time ____
Check One:		
____ Monthly Salary		Beginning \$ _____
____ Hourly Salary		Ending \$ _____

May we communicate with your present employer? \_\_\_ Yes \_\_\_ No

**REFERENCES**

1)	Name	Address	Phone Number
2)	Name	Address	Phone Number
3)	Name	Address	Phone Number

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

Date \_\_\_\_\_