

JOB APPLICATION INFORMATION

The City of Sheboygan is an Equal Opportunity Employer.

City policy prohibits discrimination in accordance with applicable Federal and State laws. Applicants for employment with disabilities may call the Human Resources Department to receive application forms by mail and should also notify the Human Resources Department if specific accommodations need to be arranged for testing, interviewing, etc. Accommodations for hearing, speech, and visually impaired persons can be provided through auxiliary aids upon advance notice.

Only original Applications for Employment will be accepted. A resume may be attached to an original Application for Employment.

Applications for Employment for current openings will be distributed and/or accepted on normal workdays until a sufficient number of qualified individuals have applied, as determined by the City.

The statement of duties, responsibilities and qualifications listed in an advertisement or on the job description should not be construed as all-inclusive. It is the applicant's responsibility to fully and correctly complete the application. Be sure to place the correct job title of the position you are applying for on the application form. If no job title is specified, the applicant will only be considered for an entry-level position. If you are still employed, please indicate this. Failure to provide accurate and complete information may result in your not being considered for the position and can result in termination after hire for serious omissions or inaccuracies.

Only the most qualified applicants, based on an evaluation of the stated skills, training and experience, will be given further employment consideration. Evaluations of the most qualified applicants will be made through job-related written examinations and/or personal interviews.

Applications for Employment will be considered active for a period of ninety (90) days from the date of application and may only remain active if reaffirmed or updated by the applicant within ninety (90) day intervals, after which they will be considered inactive for all purposes.

All personnel hired after January 01, 2004, shall, as a condition of their employment, establish a permanent residence within Sheboygan County (excluding the townships of Greenbush, Mitchell, Russel, and Scott), within four (4) months of their completion of probation and must remain residents throughout their employment.

Thank you for considering the City of Sheboygan for employment.

Return completed application to:

**Sheboygan Transit
608 S. Commerce Street
Sheboygan, WI 53081**

SHEBOYGAN TRANSIT

608 S. Commerce Street
Sheboygan, WI 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.

POSITIONS APPLIED FOR:				<input type="checkbox"/> FULL-TIME	<input type="checkbox"/> PERMANENT
				<input type="checkbox"/> PART-TIME	<input type="checkbox"/> SEASONAL
NAME (FIRST, MIDDLE, LAST)			HOME TELEPHONE NUMBER	ALT. TEL. NUMBER	
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)				SOCIAL SECURITY NUMBER	
GIVE ALL OTHER NAMES WHICH YOU HAVE BEEN KNOWN BY (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)					
DO YOU HAVE A VALID WI DRIVERS LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		DO YOU HAVE A VALID COMMERCIAL DRIVERS LICENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		TYPING WPM	CRT WPM
LIST ANY OTHER LICENSE, REGISTRATIONS OR CERTIFICATES YOU POSSESS.					
EARLIEST DATE AVAILABLE TO START WORK?			HOW MANY DAYS HAVE YOU MISSED WORK IN THE LAST 5 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 AVAILABLE FOR 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 THE CITY? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES, POSITIONS: _____ DATES: _____					
WERE YOU IN THE 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 <input type="checkbox"/> NO <input type="checkbox"/> CONVICTIONS ARE NOT AUTOMATIC BAR TO EMPLOYMENT AND WILL BE CONSIDERED ONLY AS IT PERTAINS TO THE JOB.					
IF YES, NATURE OF OFFENSE:		DATE OF CONVICTION:		NAME AND LOCATION OF COURT:	
CIRCLE 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 YEARS BEYOND HIGH SCHOOL 1 2 3 4 5 6		GED CERTIFICATE YEAR
NAME & LOCATION		DATES ATTENDED	CREDITS	MAJOR FIELD	DEGREE & YEAR

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 NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
EMPLOYER		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
EMPLOYER		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
EMPLOYER		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
EMPLOYER		COMPLETE ADDRESS / PHONE NUMBER	
YOUR TITLE	REASONS FOR LEAVING OR CONSIDERING LEAVING	NAME OF SUPERVISOR	
YOUR DUTIES		TOTAL TIME EMPLOYED	FROM TO
		TOTAL TIME EMPLOYED FULL-TIME	
		TOTAL TIME EMPLOYED PART-TIME	
		EARNINGS (HOURLY OR YEARLY)	
LIST ALL OTHER QUALIFICATIONS WHICH QUALIFY YOU FOR THE POSITION FOR WHICH YOU HAVE APPLIED: USE ADDITIONAL PAPER IF NECESSARY FOR EMPLOYMENT HISTORY OR OTHER QUALIFICATIONS			

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

SIGNATURE: _____

DATE: _____

List all Motor Vehicle Accidents in which you have been involved in the Past Three (3) Years:

DATE	LOCATION (City and State)	NATURE OF ACCIDENT (Upset, Head-on, Etc.)	DESCRIBE ANY PERSONAL INJURY OR FATALITY

List all violations of motor vehicle laws or ordinances (Other Than Violations Involving Only Parking) of which you were convicted or forfeited bond or collateral during the **Past Three (3) Years.**

Location (City and State)	Date	Violation	Penalty of Disposition

Have you ever been denied a license, permit or privilege to operate a motor vehicle or has a license, permit or privilege issued to you to operate a motor vehicle ever been revoked or suspended? YES NO

If yes, provide detail the facts and circumstances of each such denial, suspension or revocation:

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Describe the nature and extent of your experience in the operation of motor vehicles, including the type of equipment such as buses, trucks, etc., which you have operated.

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Furnish the following information regarding all **UNEXPIRED** current motor vehicle operators license or permits which have been issued to you:

Issuing State	License or permit number	Expiration Date

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CERTIFICATION

By signing below, I hereby certify this application was completed by me and that all entries on it and information in it are true and complete to the best of my knowledge.

Signature: _____

Date: _____

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CITY OF SHEBOYGAN
AUTHORIZATION FOR RELEASE OF INFORMATION
(For official use only, not to be released to unauthorized persons)

Date: _____

I hereby empower any officer of the City of Sheboygan bearing this release to, within one year of its date, obtain information and records pertaining to me from any or all of the following sources and to release same to the Director of Human Resources of the City of Sheboygan.

1. Any previous employer
2. Any police department or law enforcement agency
3. Any school, college, university, or other educational institution

I hereby release any individual or institution, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Exceptions to the blanket authorization:

Please Print:

Full Name _____

Address _____

City, State & Zip Code _____

Date of birth: _____

Maiden Name: _____

Signature: _____

Witness: _____

CONSENT FOR RELEASE OF INFORMATION FORM, FROM PREVIOUS EMPLOYERS IN ACCORDANCE WITH FEDERAL / STATE REGULATIONS

ALCOHOL AND CONTROLLED SUBSTANCE TESTING 49 CFR PART 40.25

SECTION 1: TO BE COMPLETED BY APPLICANT

Date: _____, I, _____, SS #: _____

Hereby authorize _____ to release all information on my alcohol/controlled substance testing/training records to the City of Sheboygan Human Resources Director, in accordance with 49 CFR Part 40.25:

"Records shall be made available to subsequent employer upon receipt of a written request from the covered employee. Subsequent disclosure by the employer is permitted only as expressly authorized by the terms of the covered employee's request. An employer shall release information regarding a covered employee's record as directed by the specific, written consent of the employee authorizing release of information to an identified person."

Did you ever apply for and be refused employment due to refusal to test, failure to test or adulteration of specimen?

Yes No

Signature of applicant: _____

SECTION 2: TO BE COMPLETED BY PREVIOUS EMPLOYER

The above referenced individual has applied for employment with the City of Sheboygan and has given your name as a former employer. The individual, if hired will be required to operate a commercial motor vehicle. In accordance with regulations promulgated by the U.S. Department of Transportation, the City of Sheboygan is entitled to obtain Alcohol and Controlled Substance Testing information for this individual from previous employers.

Has the above mentioned individual while employed by your company:

Submitted to an Alcohol Test and the results indicated a concentration greater than zero? Yes No

Submitted to a controlled substance test with a positive test result? Yes No

Refused to submit to an Alcohol or Controlled Substance test? Yes No

If the individual had any positive test result, did the individual complete all SAP recommended program requirements and follow-up testing? Yes No

Completed by: _____ Date: _____

Title: _____ Tel No.: _____

Your cooperation is appreciated. **Please return this completed form to:** Sheboygan Transit, 608 S. Commerce Street, Sheboygan, WI 53081 or you may fax this form to a confidential fax machine at 920-459-0231. Thank you, in advance, for your assistance.

APPLICANT DATA RECORD

Failure to respond will have no adverse affect on you or your job status. If you do respond, the information given will be kept confidential and used in accordance with federal regulations.

Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a non-job related medical condition or disability, or any other legally protected status.

As employers / governmental contractors, we comply with government regulations, including affirmative action responsibilities where they apply.

Solely to help us comply with government recordkeeping, reporting and other legal requirements, we request that you please fill out the Applicant Data Record. We appreciate your cooperation.

This data is for periodic government reporting and will be kept in a Confidential File separate form the Application for Employment. Your cooperation is voluntary.

PLEASE PRINT

DATE: _____

POSITION(S) APPLIED FOR: _____

REFERRAL SOURCE:

Advertisement	<input type="checkbox"/>	Wisconsin Job Service	<input type="checkbox"/>
Sign on bus	<input type="checkbox"/>	Employment Agency	<input type="checkbox"/>
Friend	<input type="checkbox"/>	Relative	<input type="checkbox"/>
Other	<input type="checkbox"/>	_____	

NAME:

Last

First

Middle

ADDRESS:

Number

Street

City

State

Zip Code

VOLUNTARY SURVEY

Government agencies at times require periodic reports on the sex, ethnicity, disability, veteran and other protected status applicants. This data is for analysis and possible affirmative action only.

SUBMISSION OF INFORMATION IS VOLUNTARY

CHECK ONE:

MALE

FEMALE

CHECK ONE OF THE FOLLOWING:

White Black Hispanic

American Indian / Alaskan Native Asian / Pacific Islander

CHECK IF ANY OF THE FOLLOWING ARE APPLICABLE:

Vietnam Era Veteran Disabled Veteran Individual with a disability