



TRAINING BEYOND HIGH SCHOOL: College or University, Nursing, Business College, or other schools you have attended.						
College, University or School — Name and Location	Dates Attended (Month/Year)		Presently Attending	Major Field	Type of Degree (If Rec'd)	GPA
	From	To				
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
			<input type="checkbox"/> Yes <input type="checkbox"/> No			
Describe any education or training you have had which is not covered above; such as vocational school, correspondence courses, service schools, in-service training. Please provide dates.						

**WORK EXPERIENCE:** Give a complete record, from most current to least current, of any employment, self-employment, military service, volunteer or internship experience you have had in the past 10 years. You may include positions beyond the 10 year period if they are related to the position for which you are applying. Start at the top with your present or most recent job. Indicate any change in job title under the same employer as a separate position. Responses stating "See Resume" are not acceptable. All boxes must be completed regardless if you have attached a resume. Use additional sheets if necessary.

From (Mo. & Yr.)	Title of your PRESENT/MOST RECENT position:		<b>PRIMARY DUTIES:</b>
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
			If we contact your present employer, will your position be endangered? <input type="checkbox"/> Yes <input type="checkbox"/> No
Present Salary	No. of employees you supervise:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving or Considering Change:

From (Mo. & Yr.)	Title of position held:		<b>PRIMARY DUTIES:</b>
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	Reason for Leaving:

From (Mo. & Yr.)	Title of position held:		<b>PRIMARY DUTIES:</b>
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo. & Yr.)	Title of position held:		<b>PRIMARY DUTIES:</b>
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

From (Mo. & Yr.)	Title of position held:		<b>PRIMARY DUTIES:</b>
To (Mo. & Yr.)	Employer's Name (Company Name)	Phone No.	
Hours Each Week:	Address:		
Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Temp <input type="checkbox"/>	Name and Title of Supervisor		
Starting Salary	Name and Title of Next Higher Supervisor		
Last Salary	No. of employees you supervised:	Were you involuntarily discharged? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**Have you ever been suspended or discharged from any position?**  Yes  No

If yes, provide employer name, date and explanation: \_\_\_\_\_

\_\_\_\_\_

Please explain any gaps in employment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**AUTHORIZATION AND CERTIFICATION**

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask a Human Resources representative prior to initialing and signing the application. Your initials and signature verify that you have read, understand, and agree to abide by these statements.

Initial: \_\_\_\_\_ I hereby certify that all statements made on, or in connection with, my application are true, complete and correct to the best of my knowledge and belief. I understand and agree that any misstatements or omissions of material fact subject me to disqualification or, if hired, dismissal.

Initial: \_\_\_\_\_ I authorize any person contacted to provide the City of Green Bay any and all information regarding my employment, education, and other information concerning any of the subjects covered by the application which may include but not be limited to: Application of employment; performance evaluations; work records; wage rates; supervisors' comments; results of any and all tests; disciplinary reports or letters; and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as required by the City of Green Bay to request employment records from my present and/or former employer(s). I release and hold harmless the City of Green Bay, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the providing of this information.

Initial: \_\_\_\_\_ I understand that I may be required to successfully pass a drug test and/or pre-employment physical exam to gain employment or continue employment with the City of Green Bay. I consent freely and voluntarily to participate in required drug tests and/or a pre-employment physical exam at a location selected by the City of Green Bay, and consent to the release of the test results to City of Green Bay. I hereby release and hold harmless the City of Green Bay, their officers, agents and employees, and the laboratory, their employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or pre-employment exam and decisions concerning employment based upon the results of these tests.

Initial: \_\_\_\_\_ I authorize the City of Green Bay, its officers, agents, and employees to conduct a background check (including criminal) prior to making a decision regarding employment. I release and hold harmless the City of Green Bay, their officers, agents, and employees, and the person(s) providing the information, from any liability, related to the performance or result of this check.

Initial: \_\_\_\_\_ If accepted for employment, I agree that my status as an employee depends upon my successful performance during a probationary period and that I am an "at-will" employee during this probationary period. In addition, I understand that the City of Green Bay maintains a drug-free and violence-free workplace.

Initial: \_\_\_\_\_ I understand residency requirements apply to some City positions. I understand that violation of these requirements will subject me to immediate termination.

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

\_\_\_\_\_  
**Date**

**ELECTRONIC APPLICATION CERTIFICATION STATEMENT**

By checking this box, I certify that all answers to the questions in this application are true, and I agree that any misstatements or omissions of fact will cause forfeiture on my part of rights to employment in the City service.

\_\_\_\_\_  
Date

*If you need reasonable accommodation anytime during the application process, please notify the City of Green Bay Human Resources Department.*

*The City of Green Bay is committed to the equality of opportunity for all people. It is the policy of the City of Green Bay to provide equal employment opportunities for all individuals on the basis of their skills, abilities and qualifications, without regard to race, color, national origin, religion, political affiliation, sex, age, disability, marital status, arrest or conviction record, sexual orientation, disabled veteran or covered veteran status, membership in the National Guard or any other reserve component of the United States or State military forces, use or nonuse of lawful products off the employer's premises during non-working hours, or any other non-merit factors, except where such factors constitute a bona fide occupational qualification, and except where conviction and/or arrest record substantially relates to the circumstance of positions applied for.*

**APPLICANT INFORMATION**

**POSITION APPLIED FOR:** \_\_\_\_\_

**NAME:** \_\_\_\_\_  
(First) (M.I.) (Last)

**ADDRESS:** \_\_\_\_\_  
(Street) (Apt. #)  
\_\_\_\_\_  
(City) (State) (Zip)

**AFFIRMATIVE ACTION / EQUAL EMPLOYMENT OPPORTUNITY DATA**

The following information will be used only for research and reporting purposes for the City of Green Bay and the Federal Government in accordance with applicable laws and regulations. This information is voluntary and there will be no adverse consequences for not responding. This information is **confidential** and is kept separate from this application. It will not be a consideration for employment.

**Sex:**  Male  Female

**Age:**  Under 40  40 or Over

**Ethnic Origin:**

- American Indian/Alaskan Native
- Black/African American (Not of Hispanic origin)
- White/Caucasian/European/North African/Middle Eastern or Indian Subcontinent
- Hispanic/Chicano/Puerto Rican/Mexican/Cuban/Central or South American
- Asian American/Far Eastern or Southeastern Asian
- Native Hawaiian or other Pacific Islander

**Veteran Status:**

- Non Veteran
- Veteran
- Disabled Veteran (Disability less than 30%)
- Special Disabled Veteran (Disability 30% or greater)

**Where did you hear of this vacancy?**

**Newspaper:** *(please specify)* \_\_\_\_\_

**Other Publication:** *(please specify)* \_\_\_\_\_

**Open Positions List Posted at:** \_\_\_\_\_

**Job Line:** \_\_\_\_\_

**Web Site:** *(please specify)* \_\_\_\_\_

**Other:** *(please specify)* \_\_\_\_\_

*Thank you for your interest in City of Green Bay employment.*

*Equal Opportunity Employer*