

City of Evansville: Employment Application



Please print or type all information and return to:
City of Evansville
31 S. Madison St.
PO Box 529
Evansville, WI 53536-1399

Applicant Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email _____

Date Available: _____ Social Security No.: _____ Are you 18 years of age? _____

Position Applied for: _____

Do you have a valid driver's license? _____ CDL? _____ Driver's License Number _____

Are you a citizen of the United States? _____ If no, are you authorized to work in the U.S.? _____

Are you willing take a pre-employment physical and drug screen? _____

Have you ever been convicted of any violations of law other than minor traffic violations? _____

** (The City, as a matter of policy, does not use a conviction record unless it is substantially related to circumstances of the particular job)**

Please Explain:

Is any member of your family employed by the City of Evansville? If yes, provide name, relationship, and department employed.

Education and Training

Diploma of GED: _____ Last High School Attended: _____

College: _____ Graduation (MM/YY): _____ Degree: _____

Studies: _____ Credit Hours: _____
(if you did not graduate)

Other college education / vocational training or certification relevant to the position:

Professional References

Please list two professional references.

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Full Name: _____ Relationship: _____
Company: _____ Phone: _____
Address: _____

Previous Employment

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ May we contact as reference: _____
Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ May we contact as reference: _____
Reason for Leaving: _____

Company: _____ Phone: _____
Address: _____ Supervisor: _____
Job Title: _____ Starting Salary:\$ _____ Ending Salary:\$ _____
Responsibilities: _____
From: _____ To: _____ May we contact as reference: _____
Reason for Leaving: _____

I certify that all answers to questions in this application are true, and I agree that any misstatements or omissions of material fact will cause forfeiture on my part of all rights to any employment with the City of Evansville. I authorize the investigation of my personal character or employment record, and I hereby release all persons providing this information from any liability or damages.

Signature: _____ Date: _____