

EMPLOYMENT APPLICATION**CITY OF RACINE**

An EOE/AA/ADA Employer
 HUMAN RESOURCES DEPARTMENT
 730 Washington Avenue, Room 204
 Racine, Wisconsin 53403

Phone: (262) 636-9175 FAX: (262) 636-9585

http://www.cityofracine.org/City_of_Racine_Jobs.aspx

Received:



QUESTIONS WITH AN * REQUIRE A RESPONSE. YOUR APPLICATION MAY NOT BE CONSIDERED IF INCOMPLETE.

JOB INFORMATION

* POSITION TITLE:

PERSONAL INFORMATION

* FIRST NAME

MIDDLE INITIAL

* LAST NAME

* ADDRESS

* SOCIAL SECURITY NUMBER

* CITY

* STATE

* ZIP

HOME PHONE

ALTERNATE PHONE

* EMAIL ADDRESS

* WHICH METHOD DO YOU PREFER TO BE NOTIFIED ABOUT YOUR APPLICATION STATUS? EMAIL OR PAPER

EDUCATION

WHAT IS YOUR HIGHEST LEVEL OF EDUCATION:

Some High School
 High School

Some College
 Technical College

Associate's Degree
 Bachelor's Degree

Master's Degree
 Doctorate

HIGH SCHOOL EDUCATION

DID YOU GRADUATE FROM HIGH SCHOOL OR RECEIVE A G.E.D.? YES NO

IF NO, WHAT WAS THE HIGHEST LEVEL COMPLETED? 7 8 9 10 11 12

SCHOOL NAME

CITY

STATE

COLLEGE/UNIVERSITY EDUCATION

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
 YES NO

SEMESTER QUARTER
 # OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
 YES NO

SEMESTER QUARTER
 # OF UNITS COMPLETED:

MAJOR

SCHOOL NAME

DEGREE RECEIVED

SCHOOL LOCATION (CITY/STATE)

DID YOU GRADUATE?
 YES NO

SEMESTER QUARTER
 # OF UNITS COMPLETED:

MAJOR

DRIVER'S LICENSE INFORMATION

* IF THE POSITION INVOLVES DRIVING, DO YOU HAVE A VALID LICENSE? YES NO

STATE WHERE
 ISSUED

CLASS

CERTIFICATES & LICENSES

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

TYPE

DATE ISSUED (MONTH/YEAR)

EXPIRATION DATE (MONTH/YEAR)

LICENSE NUMBER

ISSUING AGENCY

WORK HISTORY

DATES From _____ To _____	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

DATES From _____ To _____	EMPLOYER	POSITION TITLE	
ADDRESS	CITY	STATE	
COMPANY WEBSITE	PHONE NUMBER	SUPERVISOR (NAME & TITLE)	
HOURS WORKED PER WEEK	MONTHLY SALARY	MAY WE CONTACT THIS EMPLOYER? YES <input type="checkbox"/> NO <input type="checkbox"/>	

DUTIES

REASON FOR LEAVING

SKILLS**OFFICE SKILLS**

TYPING (NET WORDS PER MINUTE)

DATA ENTRY (NET WORDS PER MINUTE)

OTHER SKILLS

SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)
SKILL	SKILL LEVEL <input type="checkbox"/> BEGINNER <input type="checkbox"/> SKILLED <input type="checkbox"/> EXPERT	EXPERIENCE (YEARS OR MONTHS)

LANGUAGES OTHER THAN ENGLISH THAT YOU ARE PROFICIENT IN

LANGUAGE

 SPEAK READ WRITE

LANGUAGE

 SPEAK READ WRITE**EMPLOYMENT OBJECTIVE****ADDITIONAL INFORMATION**

Clinical Experience, Honors & Awards, Interests & Activities, Military Service, Personal, Professional Associations, Professional Memberships, Publications, Technical, Volunteer Experience, Other/Miscellaneous

REFERENCES

Please list references you wish to include (Personal/Professional). Please include: Name, title, phone number, email, and mailing address.

APPLICANT DECLARATIONS

I hereby certify that every statement I have made in this application is true and complete to the best of my knowledge. I understand that any false or incomplete answer may be grounds for not employing me or for dismissing me after I begin work. I understand that any employment offer will be contingent upon the successful completion of a pre-employment medical examination, including a drug screen, and police records background investigation. I understand that I will have to produce documentation verifying identity and employment eligibility in the U.S. I understand that I may be required to verify any and all information given on this application. I understand that this completed application is the property of City of Racine and will not be returned. I understand the City of Racine may contact prior employers and other references, and that I hereby release said parties from any liability to claim whatsoever for issuing this information. I understand that I must notify the Human Resources Department of any changes in my name, address, or phone number.

I have read and understand the above information.

X _____
SIGNATURE OF APPLICANT

DATE