



**CITY OF FRANKLIN  
HUMAN RESOURCES DEPARTMENT  
9229 W. Loomis Road  
Franklin, WI 53132**

Phone (414) 427-7505 Internet: <http://www.franklinwi.gov>

LAST NAME:	FIRST NAME:	MIDDLE NAME:
PRESENT ADDRESS (NUMBER, STREET, CITY, STATE, ZIP CODE)		HOME PHONE NUMBER:
MAILING ADDRESS (IF DIFFERENT THAN ABOVE)		DAYTIME PHONE NUMBER:
APPLICATION FOR POSITION OF:	DEPARTMENT/DIVISION:	EMAIL:
Can you perform the essential functions of the position for which you have applied? <input type="checkbox"/> YES <input type="checkbox"/> NO		
Are you an U.S. citizen, or do you have an entry permit which allows you to work? <input type="checkbox"/> YES <input type="checkbox"/> NO	Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO	Social Security Number*
Have you ever been employed by the City of Franklin? <input type="checkbox"/> YES <input type="checkbox"/> NO When?		
Have you ever been terminated, discharged or resigned to avoid being discharged from any employment? <input type="checkbox"/> YES <input type="checkbox"/> NO		
TYPE OF WORK DESIRED:  <input type="checkbox"/> FULL-TIME <input type="checkbox"/> PART-TIME <input type="checkbox"/> Limited Term /Temporary <input type="checkbox"/> Permanent		If the job requires weekends and nights, would you be willing to accept it? <input type="checkbox"/> YES <input type="checkbox"/> NO
What date would you be able to start work?	What hours are you NOT available for work, if any?	Do you have a valid driver's license? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you have a CDL license? <input type="checkbox"/> YES <input type="checkbox"/> NO
Since your 18 <sup>th</sup> birthday, have you <i>EVER</i> been convicted of any violations of law (or, as a juvenile, been waived into adult court and convicted) or are you now subject to a <b>pending</b> charge? Please list all convictions and all pending charges and include relevant dates for felonies, misdemeanors or conviction by a military court-martial. In accordance with state law and City Ordinances, pending criminal charges or any convictions will not be used or considered unless they are substantially related to circumstances of the particular job. <input type="checkbox"/> YES <input type="checkbox"/> NO Explain:		

**EDUCATION:**

	NAME & LOCATION OF SCHOOL	GRADUATED	MAJOR	DIPLOMA/ DEGREE
High School		Yes ( ) No ( )		
Vocational		Yes ( ) No ( )		
College/Univ.		Yes ( ) No ( )		
Graduate School		Yes ( ) No ( )		
Other				

\*The provision of your social security number is not mandatory. It will be used for applicant tracking and background investigation purposes.

**WORK HISTORY:** (Begin with your most recent employment. Attach additional paper if necessary. Please attach resume, if available.)

Company Name:		Address:	Telephone:
Date started:	Starting salary \$	Starting Position:	
Date left:	Salary on leaving \$	Position upon leaving:	
Name and title of Supervisor:			
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Reason for leaving (Please Explain):			
Description of duties:			

Company Name:		Address:	Telephone:
Date started:	Starting salary \$	Starting Position:	
Date left:	Salary on leaving \$	Position upon leaving:	
Name and title of Supervisor:			
Reason for leaving (Please Explain):			
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of duties:			

Company Name:		Address:	Telephone:
Date started:	Starting salary \$	Starting Position:	
Date left:	Salary on leaving \$	Position upon leaving:	
Name and title of Supervisor:			
Reason for leaving (Please Explain):			
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of duties:			

Company Name:		Address:	Telephone:
Date started:	Starting salary \$	Starting Position:	
Date left:	Salary on leaving \$	Position upon leaving:	
Name and title of Supervisor:			
Reason for leaving:			
May we contact Employer? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Description of duties:			

Please explain any periods between jobs: \_\_\_\_\_

**PROFESSIONAL/BUSINESS REFERENCES**

<b>1</b>	Name:	Business Phone:
	Job Title: Company:	Relationship:
<b>2</b>	Name:	Business Phone:
	Job Title: Company:	Relationship:
<b>3</b>	Name:	Business Phone:
	Job Title: Company:	Relationship:

**ADDITIONAL EXPERIENCE OR QUALIFICATIONS:** List any other experience, skills or other qualifications including hobbies, which you believe should be considered in evaluating your qualifications for employment. Please indicate prior military service, which you would like, considered in connection with your application of employment.

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**EQUIPMENT/MACHINE OPERATION:** List any type of machines and/or equipment which you have experience operating:

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**Were you referred to apply by a current City of Franklin employee? If so, please list that employee's name.**

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## NOTIFICATION AND AGREEMENT

I certify that the information provided by me in this Application is true and complete to the best of my knowledge. I understand that if I am employed, any false statements or omissions can be cause for denial of employment or immediate dismissal, regardless of when or how discovered.

The City of Franklin is hereby authorized to verify the information I have supplied and to conduct any investigation of my personal history. I also understand that any offer of employment may be conditioned upon the results of a medical examination. By signing below I also authorize the City of Franklin and it's assigns to perform a background check on all information provided by me on this application, including but not limited to, information related to pending criminal charges, past criminal convictions, and education and employment history. I further authorize any holder of information pertaining to the information supplied by me on this application to release such information to the City, which shall remain confidential pursuant to Wisconsin law. I understand and agree that the City shall not be held liable in any respect for any actions taken by the City to check such information.

It is the intent of The City of Franklin to comply with all state and federal requirements and to operate within the law in the implementation of all facets of equal opportunity and affirmative action. In the recruitment, selection, training, utilization, promotion, termination or any other personnel action, there will be no discrimination on the basis of race, color, religious belief, age, gender, sexual orientation, military service, national origin, citizenship status, disability, marital status, pregnancy, arrest of conviction record, or use or non-use of lawful products off premises. **Do not include information of this nature in the application.** It is The City of Franklin's intention that all qualified applicants be given equal opportunity and that selection decisions be based on job-related factors.

I understand that should an employment offer be extended to me and accepted I will fully adhere to the policies, rules, and regulations of employment of the Employer. However, I further understand that neither the policies, rules, regulations of employment or anything said during the interview process shall be deemed to constitute the terms of an implied employment contract. I understand that any employment offered is for an indefinite duration and at will and that either I or the Employer may terminate my employment at any time with or without notice or cause.

Applicant's Signature \_\_\_\_\_ Date: \_\_\_\_\_

CITY OF FRANKLIN  
Voluntary Self-Identification Form  
**(CONFIDENTIAL - FOR STATISTICAL USE ONLY)**

The City of Franklin is an Equal Opportunity Employer and does not discriminate on the basis of race, color, religion, sex, age, national origin, disability, veteran status, sexual orientation or any other classification protected by Federal, state or local law. **The information below will be used only in the compilation of data for EEOC reporting.**

**PLEASE COMPLETE IN FULL:**

Date: \_\_\_\_\_ Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security # (Optional) \_\_\_\_\_

Sex: (Circle appropriate response) Male Female

Date of Birth: \_\_\_\_\_ Applicant's Zip Code: \_\_\_\_\_

**Ethnic Group**

Please check one of the descriptions below corresponding to the ethnic group with which you most identify.

**American Indian or Alaskan Native**- A person having origins in any of the original peoples of North America and South America (including Central America), and who maintains tribal affiliation or community attachment

**Asian** – A person having origins in any of the original peoples of the East, Southeast Asia or the Indian subcontinent including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand and Vietnam

**Black or African American** – A person having origins in any of the Black racial groups of Africa. Terms such as “Haitian” or “Negro” can be used in addition to “Black or African American.”

**Native Hawaiian or Other Pacific Islander** – A person having origin in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

**White** – A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

**Hispanic or Latino** - A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, and of any race other than White.

***Personal and Confidential***

*This document contains sensitive information and will be stored in secure files pertaining to EEOC reporting, separate from personnel records.*