Plymouth Utilities
Attn: Human Resources
900 CTH PP-PO Box 277
Plymouth, WI 53073-0277
Telephone: 920.893.1471
Fax: 920.892.2760
Web: www.plymouthgov.com

Application for Employment

The City of Plymouth is an equal opportunity employer. All hiring, promotion practices and other terms and conditions of employment shall be maintained and conducted in a manner which does not illegally discriminate on the basis of age, race, creed, political or religious affiliation, color, disability, marital status, gender, sexual orientation, national origin, ancestry, arrest record, conviction record or any of the protective classes covered under federal law (race, color, religion, sex {including pregnancy and sexual harassment} and national origin) or under state law (race, color, religious observation or practice, sex, national origin, ancestry, age, creed, handicap, marital status, arrest record, conviction record, sexual orientation, sexual harassment, membership in the National Guard, state defense force or any reserve component of the military force of the United States or this state, use or nonuse of lawful products off the employer's premises during non-working hours, unfair honesty testing and genetic testing).

Please print in ink. Answer all questions completely. Incomplete applications may be rejected.

If you are physically unable to fill out this application, you may request reasonable accommodations in completing the form.

Any application submitted after the deadline will not be considered.

A separate application is needed for each position applied for.

POSITION APPLIED FOR: _____ DATE: _____

Last Name:		First Name:	Middle Initial:
Street Address:		Home Phone: ( )	
City:	State:	Zip:	Mobile Phone: ( )
Are you legally eligible for employment in the United States?	□ Yes □ No	Have you ever been employed by the City of Plymouth before?	□ Yes □ No
Do you hold a valid Wisconsin driver's license?	□ Yes □ No	Can you travel if the job requires it?	□ Yes □ No
Are you interested in:	□ Full-time □ Part-time □ Seasonal □ Temporary		Date available to begin work:
Are you available for:	□ Shift work □ Weekend work □ Overtime		
Are you at least 18 years of age? □ Yes □ No *Your employment will be subject to verification that you meet state and federal minimum age requirements for the type of work you are applying for and have a valid work permit.*		Email address:	

Do you have a pending criminal charge against you and/or have you ever been convicted of a crime, either misdemeanor or felony? □ Yes □ No

If yes, please explain:

NOTE: A conviction record or pending arrest record does not constitute an automatic bar to employment and will be considered only if there is a substantial relationship to the circumstances of the particular position or if the employer deems there is a bona fide occupational qualification inherent in the position which requires this information prior to hiring.

Did you graduate from high school? ☐ Yes ☐ No

Name & address of school:_____

If no, have you passed a high school equivalency or GED test? ☐ Yes ☐ No Location:

Training beyond high school:

College or university, technical, business college or other schools you have attended.

College, university or school name & address	Presently attending	Major Field	Type of degree received
	☐ Yes ☐ No		
	☐ Yes ☐ No		
	☐ Yes ☐ No		

Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, police academy, in-service training. Please provide dates.

IMPORTANT: *You must complete the employment sections of this applciation. Use additional sheets if necessary. You may attach a resume to further explain your qualifications. Please list all employers for the past five years.*

Are you currently Unemployed? ☐ No ☐ Yes, since _____

EMPLOYMENT HISTORY: Please start with your most recent employer (include military service). List chronologically all employment, including summer and part-time employment while attending school.

To furnish additional employment information, attach sheets of the same size and format as this application.

Name and Address of Employer	**Dates of Employment**	
Name of Employer:	From:	To:
Address:	☐Full-time ☐ Part-time ☐Seasonal ☐Temporary	Hourly Rate/Salary Starting Final
City:	State:	Zip Code:
Supervisor's Name/Telephone Number:	May we contact the employer/supervisor? ☐ Yes ☐ No	
Position and kind of work:	Reason for Leaving:	
Name of Employer:	From:	To:
Address:	☐Full-time ☐ Part-time ☐Seasonal ☐Temporary	Hourly Rate/Salary Starting Final
City:	State:	Zip Code:
Supervisor's Name/Telephone Number:	May we contact the employer/supervisor? ☐ Yes ☐ No	
Position and kind of work:	Reason for Leaving:	

Name and Address of Employer	Dates of Employment	
Name of Employer:	From:	To:
Address:	□Full-time □ Part-time □Seasonal □Temporary	Hourly Rate/Salary Starting Final
City:	State:	Zip Code:
Supervisor's Name/Telephone Number:	May we contact the employer/supervisor? □ Yes □ No	
Position and kind of work:	Reason for Leaving:	
Name of Employer:	From:	To:
Address:	□Full-time □ Part-time □Seasonal □Temporary	Hourly Rate/Salary Starting Final
City:	State:	Zip Code:
Supervisor's Name/Telephone Number:	May we contact the employer/supervisor? □ Yes □ No	
Position and kind of work:	Reason for Leaving:	
OTHER EXPERIENCE: Include volunteer experience, internships, and/or jobs not included in the employment section.		
Name of Employer:	From:	To:
Address:	□Full-time □ Part-time □Seasonal □Temporary	Hourly Rate/Salary Starting Final
City:	State:	Zip Code:
Supervisor's Name/Telephone Number:	May we contact the employer/supervisor? □ Yes □ No	
Position and kind of work:	Reason for Leaving:	
Name of Employer:	From:	To:
Address:	□Full-time □ Part-time □Seasonal □Temporary	Hourly Rate/Salary Starting Final
City:	State:	Zip Code:
Supervisor's Name/Telephone Number:	May we contact the employer/supervisor? □ Yes □ No	
Position and kind of work:	Reason for Leaving:	
Please explain any gaps in employment:		

SKILLS: List any skills or other information **related to the job for which you are applying**.

MILITARY: COMPLETE THIS SECTION IF YOU SERVED IN THE US ARMED FORCES	
Describe your duties and any special training.	
Branch of Service	Rank at Discharge
Type of Discharge	Date of Final Discharge

REFERENCES

Work or education related (e.g. former employers, supervisors, co-workers, school faculty).
No relatives/significant others.

Name/Telephone	Occupation	Nature of Relationship
1.		
2.		
3.		

AUTHORIZATIONS, CERTIFICATION AND RELEASE

Please read and initial each of the following statements. If you have a question regarding any of these statements, ask Human Resources or City of Plymouth's department head 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 authorize any person contacted to provide the **City of Plymouth** 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, excluding workers compensation if any, wage rates, supervisors' comments, results of any and all non-medical tests, disciplinary reports or letters, and complaints or allegations regarding any misconduct. I agree to execute release authorization forms as may be requried by the **City of Plymouth** to request employment records from my present and/or former employer(s). I release and hold harmless the **City of Plymouth**, its 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 after receiving a conditional offer of employment I may be required to successfully pass pre-employment and post-employment exams to gain employment or continue employment with the **City of Plymouth**. 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 Plymouth**, and consent to the release of the test results to the **City of Plymouth**. I hereby release and hold harmless the **City of Plymouth**, its officers, agents and employees and the labratory, its employees, agents and contractors from any liability whatsoever, arising from the drug tests and/or a pre-employment exam and decisions concerning employment based upon the results of the tests.

Initial: _____	I authorize the **City of Plymouth**, its officers, agents and employees to conduct a driver's license and/or criminal background check prior to making a decision regarding employment. I release and hold harmless the **City of Plymouth**, its officers, agents and employees and the person(s) providing the information from any liability related to the performance or result of this check. I recognize that this information will be considered by the **City of Plymouth** only if it substantially relates to the position applied for.
Initial: _____	If accepted for employment, I agree that my status as an employee depends upon my successful performance. I understand that just as I am free to resign at any time, the **City of Plymouth** reserves the right to terminate my employment at any time. All employees not covered by a collective bargaining agreement are considered at-will employees.
Initial: _____	I agree to use such personal protective equipment and devices as may be required by the **City of Plymouth** and to comply with its safety rules and policies. In addition, I understand that the **City of Plymouth** maintains a workplace free from drugs, harassment and violence.
Initial: _____	I understand that nothing contained in the application or any employee handbook, the granting of an interview, or an offer/acceptance of employment constitutes an employment contract. I understand that no representative of the **City of Plymouth** has the authority to make any assurances to the contrary.
Initial: _____	I hereby certify that all statements made on or in connections 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.

Notice – Wisconsin Open Records Law: Under Section 19.36(7) of Wisconsin Statutes, the names of the "Final Candidates" must be open to public inspection. The statute also provides that if an applicant does not want his/her name revealed prior to being a "Final Candidate", the applicant can do so by making a separate request in writing.

_____	_____	_____
Print Name	Signature	Date

Visit our website at www.plymouthgov.com for more information about the City of Plymouth or for additional copies of this application.