CITY OF DE PERE Crossing Guard Employment Application

<u>Instructions</u>: You may type or handwrite your answers. You may attach additional pages if necessary. You may attach a resume and relevant certifications, but they cannot be used in lieu of completing this application. <u>Substituting any portion of this form with another agency's form is not acceptable</u>. Please put your name on every page, and your resume if applicable.

City of De Pere- Police Department 325 South Broadway Street De Pere, WI 54115		Telephone Number: (920) 339-4078 E-mail: <u>dppd@deperewi.gov</u> Web Site: <u>www.deperewi.gov</u>)78
Name				
First	Middle	Las	it	
Primary Phone:	e: Alternate Phone:			
Include Area Code			ide Area Code	
Home Address				
Street		City	State	Zip
E-mail address:				
unemployment (i.e., attendi	ing school, internship, volunt	rears, list your employment his eer activities, apprenticeship, ardless if you attach a resume. Telephone #:	etc.). You may	use additional
Address:		Dates Employed: From To	Position:	
Immediate Supervisor and reached:	number where they can be	May we contact this pers	son:Yes	No
Reason for leaving:		Were you involuntarily d	ischarged:	Yes No
List duties and responsibiliti	es.	•		

			
Employer:		Telephone #:	
Address:		Dates Employed:	Position:
Address.		From To	
Immediate Supervisor a	nd number where they can be	May we contact this person:	Yes No
reached:	The Trainber where they can be	ividy we contact this person.	103110
reactied.			
Reason for leaving:		Were you involuntarily discha	arged:Yes No
List duties and responsi	bilities.		
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Address:		Dates Employed:	Position:
		From To	
Immediate Supervisor a	nd number where they can be	May we contact this person:	Yes No
reached:			
Reason for leaving:		Were you involuntarily discha	arged: Yes No
	Letter	were you involuntarily discha	argeures No
List duties and responsi	bilities.		
Please list any periods of	of past unemployed status (attending	ng school internshins volunteer	activities etc.):
Dates	Reason	18 Jenooi, internatiipa, voiunteer	activities, etc.,

EDUCATION

Name and Location of School	Major Field	Did You Graduate? (Yes/No)	List Diploma, Degree, or Course of Study
High School:			
College/Technical School:			
College/Technical School:			

Please list three professional references	EFERENCES
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	
Full Name:	Relationship:
Company:	Phone:
Address:	

Applicant Statement

I certify that all the information I have provided in order to apply for and secure work with the City of De Pere (City) is true, complete and correct.

I understand that any information provided by me that is later found to be false, incomplete or misrepresented in any respect, will be sufficient cause to cancel further consideration of this application and/or may result in my termination, whenever it is discovered.

I understand that consideration for employment with the City is contingent upon the results of reference and background checks. I authorize City personnel to investigate all information provided by me on my application for employment. I understand that this information will be used to evaluate my qualifications and suitability for City employment and to verify the correctness and completeness of the information provided by me.

I further understand that the reference and background checks necessitate contacting present and past employers and any listed references or other individuals, who can verify information. I authorize any party (including employers, organizations and/or other individuals with which I have been or am currently associated and all persons connected with them) to release any information they may have about me to the City, including all of my personnel records. I understand that the people contacted will be advised that what they say will be held in confidence.

To the extent permitted by law, I hereby release from any and all liability the City, its officers, officials and all City employees and agents for acts performed in connection with evaluating my application, background, credentials and qualifications.

I understand that the City does not unlawfully discriminate in employment and no question on this application is used for the purpose of limiting or excusing any applicant from consideration for employment on a basis prohibited by applicable local, state or federal law.

I certify that I have read, fully understand and accept all terms of the foregoing Applicant Statement.

ACCEPTANCE ACKNOWLEDGMENT:

Date:Signature:	

Updated: March 2020

PLEASE COMPLETE THE FOLLOWING INFORMATION AND RETURN IT WITH YOUR APPLICATION

This sheet must be kept separate from the application.

Any information provided is voluntary and will be kept confidential. Refusal to provide this information will not subject you to adverse treatment.

NAME:			
	(Last)	(First)	(Middle Initial)
ADDRESS:			
	(Street)		(Apt #)
	(City)	(State)	(Zip)
	AFFIRMATIV	E ACTION/EQUAL OPPORTU	NITY INFORMATION
Please comple	te the following by chec	king the appropriate boxes:	
SEX:	Female Male	Non-binary	Choose not to identify
AGE:	Under 40 40 and	Over Choose not to a	answer
ETHNIC ORIGI	N: (Please check one)		
White	nic or Latino or African American		Native Hawaiian or Other Pacific Islander American Indian or Alaska Native Two or More Races Choose not to identify
VETERAN: Ar	e you a veteran?	Yes No	
Where did you	u hear of this position? P	lease specify:	
CareerBuil			Governmentjobs.com
	Pere Employee		Indeed.com
_	Pere Website		Job Center/
=	WI Municipalities		Department of Workforce Development
	line - Job Finder	<u></u>	School Website
Friend or F			Other
	'i .(D. D. 5 !	II II O II II	/ from whom, or where you heard about t