

CITY OF VERONA

Parks & Recreation Department

Employment Application

Instructions & Note

This application is intended for use in evaluating your qualifications for employment. This is not an employment contract. Please answer all questions completely and accurately. False or misleading statements during the interview, or on this form, are grounds for terminating the applicant process or, if discovered after employment, termination of employment. All qualified applicants will receive consideration. Additional testing of job-related skills may be required prior to employment.

Applicant Information	
Full Name	
Street Address	
City	
Home Phone	Cell Phone
Email Address	
Position Applying For	
Position Applying For	
Earliest available date to begin employment:	
What days/hours are you available:	
Please put any vacation dates:	
Do you have a valid Wisconsin driver's license?	Yes No
Work History	
Name of Employer:	Address:
Your Title:	Employed (indicate month and year) From: To:
Name of Supervisor: Phone #:	Final Earnings:
Job Duties:	Reason for Leaving:

Name of Employer:	Address:	
Your Title:	Employed (indicate month and year) From: To:	
Name of Supervisor: Phone #:	Final Earnings:	
Job Duties:	Reason for Leaving:	
**If needed, please attach additional sheets		
Security		
Have you ever been convicted of a felony? Yes No		
If yes, please provide an explanation including state, juris	diction and when/where conviction occurred:	
Education Circle the highest level completed: High School: 9 10 11 12 Year of Graduation: College: 13 14 15 16 Major of Study: List any pertinent training/certificates you have: Please attach a copy of your certifications to this application.	Year of Graduation:	
References		
Name and Title Telephone	Years Known/Relationship	
1		
2		
3		
Certification & Release I certify that I have read and understand the applicant note on this form complete and true to the best of my knowledge and belief. I understand called for in this application may result in rejection of my application of Verona and/or its agents, including consumer reporting bureaus, to drugs or abuse of legal drugs is prohibited during my employment. I for employment, and that any individual hired by the City of Verona may verona at any time for any reason.	d that any false information, omissions or misrepresentations of facts remination at any time during my employment. I authorize the City verify any of this information. I understand that the use of illegal or understand and agree that this application is not a contract for	

______ Date_____

Signature_