

THIS APPLICATION WILL REMAIN ACTIVE FOR 6 MONTHS

POLL WORKER

Your Name \_\_\_\_\_

Date Filed \_\_\_\_\_



**APPLICATION FOR EMPLOYMENT**

**CITY OF OSHKOSH**

AN EQUAL OPPORTUNITY EMPLOYER FUNCTIONING  
UNDER AN AFFIRMATIVE ACTION PLAN

\_\_\_\_\_  
Read Carefully Before Filling Out This Application Blank

1. Read this application carefully before filling it out. The application will remain in our files as a permanent record of the information which you give.
2. Any false statement knowingly made in this application or any deception or fraud on your part or on the part of any person signing a voucher on your behalf will be cause for eliminating you from consideration of city employment.
3. Answer all questions as completely as possible. Additional paper may be used if there is not sufficient space to answer questions in full.
4. File this application in the City Clerk's Office, Room 108, or mail to P.O. Box 1130, Oshkosh, WI 54903-1103.

Name \_\_\_\_\_

Address \_\_\_\_\_

Home Phone No. \_\_\_\_\_ Cell Phone No. \_\_\_\_\_

Email \_\_\_\_\_

Are you a citizen of the U.S.?     Yes     No

How long have you been a resident of Oshkosh? \_\_\_\_\_

Are any of your relatives or members of your family presently employed by the City of Oshkosh?  
(Answer fully)

Department \_\_\_\_\_ Name \_\_\_\_\_ Relationship \_\_\_\_\_

Have you ever been employed by the City of Oshkosh?  **Yes**  **No**

Any other city, county or the state of WI?  **Yes**  **No**

If so, in what capacity and during what period? \_\_\_\_\_

Have you ever been in the military service of the United States ?  **Yes**  **No**

Have you ever been convicted of any violation of law or ordinance excluding minor traffic violations?  
 **Yes**  **No** If so, give full particulars \_\_\_\_\_

Were you ever discharged or forced to resign from any position?  **Yes**  **No**

If yes, please explain \_\_\_\_\_

Do you now hold a regular driver's license?  **Yes**  **No**

Regular Driver's License # \_\_\_\_\_

Have you ever had your license suspended?  **Yes**  **No** When \_\_\_\_\_

If yes, please explain \_\_\_\_\_

I hereby declare that the foregoing statements are true and correct to the best of my knowledge and belief, and understand that falsification may result in disqualification or removal from a city position. I understand that, if hired, my employment can be terminated with or without notice at any time, for any reason. I also understand that no management Official is authorized to make any oral assurance or promise of continued employment, and that any such pledge or agreement must be in writing and signed by the City Manager.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_