

# Employment Application



Applicants are considered for all positions without regard to race, color, religion, sex, national origin, sexual orientation, age, marital or veteran status, or the presence of a non-job-related medical condition or handicap. Consistent with the Americans with Disabilities Act, applicants may request accommodations needed to participate in the application process.

(PLEASE PRINT)

Date of Application \_\_\_\_\_

Position(s) Applied For \_\_\_\_\_

Referral Source:  Online (if so, which website) \_\_\_\_\_  Newspaper  
 Employment Agency  Friend  Relative  
 Walk-In  Other \_\_\_\_\_

Name \_\_\_\_\_  
FIRST MIDDLE INITIAL LAST

Address \_\_\_\_\_  
NUMBER STREET CITY STATE ZIP

Email Address \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Have you filed an application here before?  YES  NO If yes, give date \_\_\_\_\_

Have you ever been employed here before?  YES  NO If yes, give date \_\_\_\_\_

Are you employed now?  YES  NO If yes, may we contact current employer?  YES  NO

Are you prevented from lawfully becoming employed in this country because of Visa or Immigration Status?  
 YES  NO (PROOF OF CITIZENSHIP OR IMMIGRATION STATUS MAY BE REQUIRED UPON EMPLOYMENT)

On what date would you be available for work? \_\_\_\_\_

Are you available to work:  Full Time  Part Time  Seasonal

Are you on a lay-off and subject to recall?  YES  NO

Have you EVER been convicted of ANY felony, misdemeanor, or other offense (including traffic violations) that was punishable by forfeiture, fine, jail, imprisonment, probation or parole:  YES  NO If yes, explain please: \_\_\_\_\_

At this time, are there any pending charges (including traffic violations) or offenses awaiting official charges or other possible disposition that could subject you to any of the above punishments?  YES  NO

If yes, please explain

Do you possess a valid Wisconsin driver's license?  YES  NO

Do you possess a valid WI CDL?  YES  NO

Driver's License #(s) \_\_\_\_\_  
NUMBER STATE EXPIRATION DATE

**EDUCATION:**

<u>SCHOOL</u>	<u>NAME &amp; LOCATION</u>	<u>YEARS / DEGREE COMPLETED</u>
High School		
College		
Technical/Trade School		

Summarize special skills and qualifications acquired from employment or other experience:

**EMPLOYMENT EXPERIENCE:** Please list your last 4 employers starting with the last first.

**Fire Department applicants:** Please list past employers from the last 10 years beginning with your most recent employment. If necessary, list other employers on separate sheet of paper.

Employer	Phone Number	Dates Employed From To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				

Employer	Phone Number	Dates Employed From                      To		Work Performed
Address				
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Employer	Phone Number	Dates Employed From                      To		Work Performed
Address				
Job Title		Hourly Rate/Salary		
Supervisor	Phone Number			
Reason for Leaving				

**REFERENCES:** Please list below 3 people not related to you, whom you have known for at least 1 year.

Name	Professional Relationship
Address	Phone Number(s)
City, State, Zip	Email Address
Name	Professional Relationship
Address	Phone Number(s)
City, State, Zip	Email Address
Name	Professional Relationship
Address	Phone Number(s)

City, State, Zip	Email Address
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**AUTHORIZATION:**

I certify that the facts contained in this application (and accompanying resume, if any) are true and complete to the best of my knowledge. I understand that any false statement, omission, or misrepresentation on this application is sufficient cause for refusal to hire, or dismissal if I have been employed, no matter when it is discovered by the City of Stanley.

I understand that any employment is conditioned on a background check. I also understand that this background check will include reviewing all publically posted social media accounts. I authorize the City of Stanley to thoroughly investigate all statements contained in my application or resume, and I authorize my former employers and references to disclose information regarding my former employment, character and general reputation to the City of Stanley, without giving me prior notice of such disclosure. In addition, I release the City of Stanley, any former employers, and all references listed above from any and all claims, demands or liabilities arising out of or related to such investigation or disclosure.

**I understand and agree that nothing contained in this application, or conveyed during any interview, is intended to create an employment contract. I further understand and agree that if I am hired, my employment will be “at will” and without fixed term, and may be terminated at any time, with or without cause and without prior notice, at the option of either myself or the City of Stanley. No promises regarding employment have been made to me, and I understand that no such promise or guarantee is binding upon the City of Stanley unless made in writing.**

If I am offered employment I agree to submit to a medical examination and drug test before starting work. If employed, I also agree to submit to a medical examination or drug test at any time deemed appropriate by the City of Stanley as permitted by law. I consent to such examinations and tests, and I request that the examining doctor disclose to the City of Stanley the results of the examination, which results shall remain confidential and segregated from my personnel file. I understand that my employment or continued employment, to the extent permitted by law, is contingent upon satisfactory medical examinations and drug tests, and if I am hired a condition of my employment will be that I abide by the City of Stanley’s Drug and Alcohol Policy.

I understand that filling out this form does not indicate there is a position open and does not obligate the City of Stanley to hire. If hired, I agree to abide by all City of Stanley work rules, policies and procedures. The City of Stanley retains the right to revise its policies or procedures, in whole or in part, at any time.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

<p><b>For Internal Use Only:</b> Background Checked by: _____ Date: _____</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Significant Findings</p>
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