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| City of NeillsvilleEmployment Application |

PLEASE PRINT

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| pOSITION aPPLIED FOR: |

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| Applicant Information |
| Last Name |  | First |  | M.I. | Date |  |
| Street Address |  | Apartment/Unit # |  |
| City |  | State |  | ZIP |  |
| Phone |  | E-mail Address |  |
| Date Available |  | Social Security No. |  | Desired Salary |  |
| Are you a citizen of the United States? | YES [ ]  | NO [ ]  | If no, are you authorized to work in the U.S.? | YES [ ]  | NO [ ]  |
| If under 18 years of age, can you provide proof of your eligibility to work? | YES [ ]  | NO [ ]  |  |
| Have you ever filed an application with us before? | YES [ ]   | NO [ ]  | If so, when? |  |
| Have you ever worked for this company? | YES [ ]  | NO [ ]  | If so, when? |  |
| On what date are you available for work? |  / / | [ ]  Full-time | [ ]  Part-time | [ ]  Temporary |
| Are you currently on “lay-off” status and subject to recall? | YES [ ]  | NO [ ]  |  |  |
| **If the position requires it:** |
| Do you have a valid driver’s license?  | YES [ ]  | NO [ ]  |  |
| Do you have a commercial driver’s license? | YES [ ]  | NO [ ]  | If not, are you willing to obtain one? | YES [ ]  | NO [ ]  |
| Available to work nights and weekends? | YES [ ]  | NO [ ]  |  |
| Able to lift at least 75 lbs without assistance? (For firefighter applicants only) | YES [ ]  | NO [ ]  |
| Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability? | YES [ ]  | NO [ ]  |
| If yes, please indicate. |

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| List professional, trade, business or civic activities and offices held |
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| special skills and qualifications. Summarize special job-related skills and qualifications. |
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| Education |
| High School |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| College |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |
| Other |  | Address |  |
| From |  | To |  | Did you graduate? | YES [ ]  | NO [ ]  | Degree |  |

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| References |
| Please list three professional references. |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |
| Full Name |  | Relationship |  |
| Company |  | Phone |  |
| Address |  |

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| Previous Employment |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |
| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |

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| Company |  | Phone |  |
| Address |  | Supervisor |  |
| Job Title |  | Starting Salary | $ | Ending Salary | $ |
| Responsibilities |  |
| From |  | To |  | Reason for Leaving |  |
| May we contact your previous supervisor for a reference? | YES [ ]  | NO [ ]  |  |

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| Military Service |
| Branch |  | From |  | To |  |
| Rank at Discharge |  | Type of Discharge |  |
| If other than honorable, explain |  |
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| Disclaimer and Signature |
| I certify that my answers are true and complete to the best of my knowledge. If this application leads to employment, I understand that false or misleading information in my application or interview may result in my release. |
| Signature |  | Date |  |

The City of Neillsville considers applicants for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of non-job-related medical condition or handicap, or any other legally protected status.