

City of Neillsville

Employment Application

PLEASE PRINT

POSITION APPLIED FOR:

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 <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
If under 18 years of age, can you provide proof of you eligibility to work?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Have you ever filed an application with us before?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
Have you ever worked for this company?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If so, when?			
On what date are you available for work?	/	/	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time	<input type="checkbox"/> Temporary	
Are you currently on "lay-off" status and subject to recall?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
If the position requires it:						
Do you have a valid driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Do you have a commercial driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If not, are you willing to obtain one?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Available to work nights and weekends?	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
Able to lift at least 75 lbs without assistance? (For firefighter applicants only)				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
Are there workplace accommodations which would assure better job placement and/or enable you to perform your job to your maximum capability?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	
If yes, please indicate.						

LIST PROFESSIONAL, TRADE, BUSINESS OR CIVIC ACTIVITIES AND OFFICES HELD

SPECIAL SKILLS AND QUALIFICATIONS. Summarize special job-related skills and qualifications.

EDUCATION									
High School					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
College					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		
Other					Address				
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree		

REFERENCES				
<i>Please list three professional references.</i>				
Full Name				Relationship
Company				Phone
Address				
Full Name				Relationship
Company				Phone
Address				
Full Name				Relationship
Company				Phone
Address				
Full Name				Relationship
Company				Phone
Address				

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 <input type="checkbox"/> NO <input type="checkbox"/>				
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 <input type="checkbox"/> NO <input type="checkbox"/>				

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 <input type="checkbox"/> NO <input type="checkbox"/>			

MILITARY SERVICE

Branch	From	To
Rank at Discharge	Type of Discharge	
If other than honorable, explain		

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.