

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 your 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*Please list three professional references.*

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
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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.

APPLICANT PLEASE READ CAREFULLY AND SIGN BELOW

I understand that if I am hired for this position, I must attend Entry Level Firefighter - 60hrs; Firefighter I -36 hours; that these classes may or may not be held in the City of Neillsville; that the City will cover the cost of tuition, but travel expenses will be my responsibility; and that during these schools I will not be allowed any facial hair.

I further understand that, if hired for this position, I must either work or live in the School District of the City of Neillsville, and that I will be hired under a probationary period of one (1) year.

I further understand that I may be required to submit to a physical examination, at the expense of the City, prior to my employment.

- I have had the Hepatitis B vaccination series. (Proof is attached.)
- I have NOT had the Hepatitis B vaccination series. (Must be completed during probationary period.)

- I have had a tetanus shot within the last 10 years.
- I have NOT had a tetanus shot within the last 10 years.

INFORMATION PROVIDED AND STATEMENTS MADE BY ME IN THIS APPLICATION ARE, TO THE BEST OF MY KNOWLEDGE, COMPLETE AND TRUE.

I UNDERSTAND THAT, IF I AM EMPLOYED BY THE CITY, FALSE INFORMATION PROVIDED OR FALSE STATEMENTS MADE AS PART OF THIS APPLICATION MAY BE CONSIDERED CAUSE FOR DISMISSAL.

APPLICANT SIGNATURE _____

DATE OF APPLICATION _____