

# 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"/>					
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain				
<b>If the position requires it:</b>							
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

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 Firemanship I and Firemanship II (30 hours each); 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 \_\_\_\_\_