

City of New Richmond

156 EAST FIRST STREET
 ST. CROIX COUNTY
 NEW RICHMOND, WISCONSIN 54017
 (715) 246-4268

APPLICATION FOR EMPLOYMENT

(PLEASE PRINT)

| | | | | | |
|----------------------|-------------------|------------|-------------------|---------------------|----------|
| Position Applied For | | | | Date of Application | |
| Last Name | | First Name | | Middle Name | |
| Address | Number | Street | City | State | Zip Code |
| Home Phone Number | Work Phone Number | | Cell Phone Number | E-mail address | |

Are you 18 years or older? Yes No

EDUCATION

Date available for employment: _____

Did you graduate from high school or complete a GED? _____
 Where?

WHAT TYPE OF EMPLOYMENT ARE YOU SEEKING?

Regular Full-time Temporary Full-time
 Regular Part-time Temporary Part-time

What was the last grade completed _____

7 8 9 10 11 12 / 13 14 15 16 17 18 19 20 +

MAY WE CONTACT YOUR PRESENT EMPLOYER? Yes No

High School College/Post High School

MAY WE CONTACT YOUR FORMER EMPLOYER? Yes No

| <i>NAME AND LOCATION OF COLLEGE, UNIVERSITY OR PROFESSIONAL SCHOOL</i> | <i>QUARTER SEMESTER</i> | <i>TYPE DEGREE</i> | <i>DATE RECEIVED</i> | <i>MAJOR SUBJECT</i> | <i>MINOR SUBJECT</i> |
|---|-----------------------------|------------------------|--------------------------|--------------------------------------|--------------------------|
| | | | | | |
| <i>NAME AND LOCATION OF BUSINESS, TRADE TECHNICAL, OR VOCATIONAL SCHOOL</i> | <i>FULL-TIME</i> | <i>PART-TIME</i> | <i>HOURS/WEEK</i> | <i>SUBJECT DATE RECEIVED</i> | <i>CERTIFICATION</i> |
| | | | | | |

Honors Received:

Employment Experience

Start with your present or most recent job. Indicate each promotional level of employment in a separate block even if it was with the same company/agency. Provide a complete description of all qualifying experience. Account for all your time.

| | | |
|--|------------|---------------------------------|
| Employing Firm | Address | |
| Position | Supervisor | Telephone# |
| Major Duties: _____ % of TIME _____ | | LENGTH OF EMPLOYMENT |
| 1. _____ | | FROM _____ |
| 2. _____ | | Month Year |
| 3. _____ | | TO _____ |
| 4. _____ | | Month Year |
| 5. _____ | | TOTAL _____ |
| Number of people you supervised: _____ Reason for leaving: _____ | | Years, Months |
| Machines/equipment you used: _____ | | Hrs/Week _____ |
| | | Start Salary _____ |
| | | Last Salary _____ |

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ATTACH ADDITIONAL SHEETS IF NECESSARY. BE SURE TO INCLUDE ALL INFORMATION REQUESTED ABOVE.

LIST APPROPRIATE CERTIFICATES, REGISTRATIONS OR OCCUPATIONAL LICENSES:

CLASS

NUMBER

EXPIRATION DATE

If the position requires a driver's license per the employment standards in the job description, please provide:

Drivers license number: _____ Class: _____

Have you had any moving violations in the past five (5) years Yes No

If yes, please explain: _____

Have you ever been convicted for a violation of the law OTHER THAN a minor traffic ticket(s)

Yes No

If yes, provide details. (Non-job related convictions do not disqualify you from employment.)

Your signature on this application form authorizes release of your driving record to determine your employment eligibility:

LIST VOLUNTEER AND UNPAID WORK EXPERIENCE RELEVANT TO THE POSITION YOU ARE APPLYING FOR:

Organization _____

Type of Work _____

Hours/Week _____ How Long _____

Organization _____

Type of Work _____

Hours/Week _____ How Long _____

PLEASE LIST SPECIAL SKILLS RELATED TO THE WORK FOR WHICH YOU ARE APPLYING.

Activities

List professional, trade, business or civic activities and offices held.

You may exclude memberships which would reveal sex, race, religion, national origin, age, ancestry, or handicap or other protected status:

References

Give name, address and telephone number of three references who are not related to you and are not previous employers.

1. _____
2. _____
3. _____

Applicant's Statement

I certify that answers given herein are true and complete to the best of my knowledge.

I authorize investigation of all statements contained in this application for employment as may be necessary in arriving at an employment decision.

This application for employment may be considered active for a period of time not to exceed 6 months. Any applicant wishing to be considered for employment beyond this time period should inquire as to whether or not applications are being accepted at that time.

I hereby understand and acknowledge that, unless otherwise defined by applicable law, any employment relationship with this organization is of an "at will" nature, which means that the Employee may resign at any time and the Employer may discharge Employee at any time with or without cause. It is further understood that this "at will" employment relationship may not be changed by any written document or by conduct unless such change is specifically acknowledged in writing by an authorized executive of this organization.

In the event of employment, I understand that false or misleading information given in my application or interview(s) may result in discharge, I understand, also, that I am required to abide by all rules and regulations of the employer.

NAME (LAST, FIRST)

TODAY'S DATE: _____

THE CITY OF NEW RICHMOND IS AN EQUAL OPPORTUNITY EMPLOYER

Policy Statement

It is the official policy of the City of New Richmond to provide equal employment opportunities for all qualified and qualifiable persons without regard to race, color, religious or political affiliation, sex, age, disability, sexual preference, arrest/conviction record, marital status, national origin, ancestry, or any other non-merit factors except where age, sex, or physical requirements constitute bona fide occupational qualification. This policy is applicable to all phases of employment, including but not limited to Job and placement procedures, testing, training, layoff and recall, disciplinary action, termination, and all other personnel procedures. In short, all employment decisions will be made in accord with the principles of equal employment opportunity by imposing only valid requirements for hiring and promotional opportunities.

Background Check Form

Date: _____

This form is to be used for the purpose of conducting a background check for employment for the City of New Richmond.

Full Name of Applicant:

First

Middle

Last

Date of Birth: _____

Driver License Number: _____

I, _____, authorize the New Richmond Police Department and or its officers to release information relative to me for purpose of a background check for employment for the City of New Richmond.

This authorization is good from _____ to _____.