

APPLICATION FOR EMPLOYMENT CITY OF MARSHFIELD, WISCONSIN

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARTIAL OR VETERAN STATUS, THE PRESENCE OF A NON-JOB RELATED MEDICAL CONDITION OR HANDICAP/DISABILITY, OR ANY OTHER LEGALLY PROTECTED STATUS. THE CITY OF MARSHFIELD IS AN EQUAL OPPORTUNITY EMPLOYER.

POSITION APPLIED FOR:		DEPARTMENT:	
employment authorization and shall result in immediate empl	d identity within 3 days of being	All persons hired must submit saghired. Failure to submit such pro	
Personal	11 \		
Applicant's full name (last, first, midd	lle)		
Present Address: Street	City	State	ZIP Code
E-mail Address (Applicants will be contacted by e-mail if one is listed)	Phone Number Day		years of age, can you provide our eligibility to work?
	Night		YesNo
Where did you hear of position? Plea	se be specific.	,	
I will accept:		What hours are you available to	work?
Full-time Sumn			
Part-time Temporal Are you now or have you ever been en	orary Yes No		
	mployed by the City of Marshfie	eld? Yes No	
If yes, when and in what capacity? Do you have relatives working for the	City of Mount Cold?	Zaa Na	
	-		
If yes, state your relationship: Do you possess a valid Wisconsin Sta	Dep		
If no, do you possess a valid driver's	license from another state? _	Yes No	
If yes, which state?			
Do you possess a valid Wisconsin Sta	te Commercial driver's license?	Yes No	
Are you able to perform the essential	functions of the position for whi	ich you are applying? Yes	s No
If no, will you be able to perform th	ne functions with an accommoda	ation? Yes	s No
If no, will you be able to perform the Are there any pending criminal charge	ges against you, or have you ever	r plead guilty to or been convicted	of any crime? Yes
No If Yes, then please provide all but not limited to, the date of the incid specific violation subject to the pendir guilty pleas or convictions will not au substantially relate to the job applied to conviction precludes the employee from	dent, the date of the plea or conving charge or the plea or convicti tomatically disqualify the applic for or in the event the conviction	viction, the factual circumstances of ion. Applicant is informed that his cant from employment unless the on substantially relate to the job app	of the incident, and the s or her pending charges, charges or conviction

Education

School	Name and Address of Institution	Major Course of Study	Check Last Year Completed	Did you Graduate?	Year Graduated	List Diploma or Degree
	Name:			Yes:		
HIGH SCHOOL	City, State:		1 2 3 4	No:		
(or GED)	Name:			Yes:		
	City, State:			No:		
VOCATIONAL	Name:		1 2 3 4	Yes:		
TECHNICAL	City, State:			No: Yes:		
BUSINESS	Names:					
SCHOOL	City, State:			No:		
	Name:		1 2 3 4	Yes:		
COLLEGE	City, State:			No: Yes:		
(Undergraduate)	Name:					
	City, State:			No:		
COLLEGE (Graduate)	Name:			Yes:		
	City, State:		1 2 3 4	No: Yes: No:		
	Name:		1 2 3 4			
	City, State:					

Professional licenses/certifications

ТҮРЕ	STATE	EXP. DATE	REGISTRATION

List office equipment business machines, and/or other relevant equipment you can operate:

Previous Experience

List present or most recent position first, then next recent, etc. (Include all part-time jobs and military experience.)

Employer's Name			Phone Number		
Address	Street	City	State	ZIP Code	_
Job Title		Supervisor's name and title			_
Dates		Current Earnings:	Check	one:	
From	То		per H	R MO YR.	
Describe duties (Be sp	pecific, include equip	ment operated and supervisory respon	nsibilities if any)		
Reason for Leaving		If we contact this employer, wi	ll your employment Yes 1	_	

Previous Experience (Continued) Employer's Name Phone Number Address Street City State ZIP Code Job Title Salary Dates Supervisor's Name and Title From To Describe duties (Be specific, include equipment operated and supervisory responsibilities if any) Reason for Leaving: Employer's Name Phone Number Address Street City ZIP Code State Job Title Salary Dates Supervisor's Name and Title To From Describe duties (Be specific, include equipment operated and supervisory responsibilities if any) Reason for Leaving: List other employment not shown above:

FROM DATE	TO DATE	NAME AND ADDRESS OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	SALARY	REASON FOR LEAVING

References

Please list references (not relatives or employers) to contact who are acquainted with your work history.

NAME	TITLE/OCCUPATION	COMPANY/ADDRESS	PHONE NUMBER

Residency requirements (Read the following carefully. Sign and date one of the following statements)

A. FOR APPLICANTS LIVING WITHIN THE SPECIFIED AREA:

specified area during my employm advise, in writing, of all changes of	litions of my employment with the City of Marshfield, I shall maintain my residence within the nt with the City. Furthermore, I understand that I am to keep my supervisor informed and shall residence address. I further understand that if I should move outside the specified area, my e deemed to have resigned employment with the City.
Date	Signature
B. FOR APPLICANTS LIVII residency requirements)	G OUTSIDE THE SPECIFIED AREA: (Seasonal applicants are excluded from
specified area within 60 days after	litions of my employment with the City of Marshfield, I must establish residence within the completion of my probationary period. I further understand that if I move outside of the specified d I will be deemed to have resigned employment with the City.
Date	Signature
	Read the following carefully before signing
AUTHORIZATION AND A	CKNOWLEDGEMENT FOR EMPLOYMENT
I acknowledge that I have received posting with this application.	a copy of the Employee Rights and Responsibilities Under the Family and Medical Leave Act
false assertions, misleading statem applicant during the application prothat the City of Marshfield shall no misleading statements, omission of	ne in this application are true and correct without omissions of any kind. I understand that any nts, omissions or incorrect information provided on this application or information provided by cess shall be a sufficient basis for denial of employment or immediate termination if hired. I agree be held liable in any respect if my employment is terminated because of false assertions, incorrect information made by me in this application. I also understand and agree that failure to imely manner shall be sufficient basis for denial of employment.
requested regarding my employme Marshfield including a check of my forever release, discharge and cove	s, schools, agencies, municipalities or persons to give to the City of Marshfield any information t, character, experience and qualifications and/or suitability for employment with the City of fingerprints and police record for the purpose of considering my suitability for hire. I hereby nant not to sue any person or organization for any result of providing, obtaining or acting upon such information is sought with confidentiality and will not be released to me in any form
In addition, a copy of this authorize	tion is as valid as the original and should be recognized as such.
	sked to undergo a physical examination, including substance abuse screening, prior to appointment field. Refusal to participate will result in the withdrawal of any offer of employment
Date	Signature

PLEASE DO NOT ATTACH THIS TO YOUR APPLICATION CITY OF MARSHFIELD – HUMAN RESOURCES OFFICE – RECRUITMENT INFORMATION

This form is not a part of your application for employment and will stay separate from the application. Your answers will neither help nor hinder your chance for City employment. They will, however, help us to assess our recruiting effort as well as to monitor the progress of the City's Affirmative Action efforts. Filling out this form is voluntary. We ask your cooperation in providing us with the following information.

providing u	s with the following information.		
PLEASE	E PRINT OR TYPE		
1. NAM	E:		
	Last	First	M.I.
2. ADD	RESS:		
3. POSI	TION APPLYING FOR:		
4 GEN	DER: Please check Male	Female	
7. GE11	DER. Tieuse elleek iviale	. Temale_	
5 DAC	IAL GROUP: Please check		
5. KAC	IAL GROUP. Please clieck		
	W		
W	White, not of Hispanic Origin – All	Н	Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or
	persons having origins in any of the original peoples of Europe, North Africa,		other Spanish culture or origin, regardless of
	or the Middle East.		race.
В	Black or African American, not of	I	American Indian or Alaskan Native – All
в	Hispanic origin – All persons having	1	persons having origins in any of the original
	origins in any of the Black racial groups		peoples of North America, and who maintain
	of Africa.		cultural identification through tribal
			affiliation or community recognition.
A	Asian – All persons having origins in any	P	Native Hawaiian or other Pacific Islander
	of the original peoples of the Far East,		
	Southeast Asia, or Indian Subcontinent.		
		T	Two or more races
		•	
6. VETI	ERAN STATUS: (please check one)		
00 , 222	erani (S rirri e S. (promot enten ente)		
A. No	one B. Veteran – branch of service		C. Active Reserves
Yea	one B. Veteran – branch of service ars Type of Discharge		
	can with Disabilities Act (ADA) defines an i		
		major life act	tivities, has a record of such an impairment, or
who is reg	arded as having such an impairment."		
D 1	41: 1 6: 4	.,1 1. 1	114.0
Based on	this definition are you an individual	with a disab	onity? Yes No

I acknowledge that I have received a c Responsibilities Under the Family and this application.	
Date	Signature

EMPLOYEE RIGHTS AND RESPONSIBILITIES

UNDER THE FAMILY AND MEDICAL LEAVE ACT

Basic Leave Entitlement

FMLA requires covered employers to provide up to 12 weeks of unpaid, jobprotected leave to eligible employees for the following reasons:

- For incapacity due to pregnancy, prenatal medical care or child birth;
- To care for the employee's child after birth, or placement for adoption or foster care;
- To care for the employee's spouse, son or daughter, or parent, who has a serious health condition; or
- For a serious health condition that makes the employee unable to perform the employee's job.

Military Family Leave Entitlements

Eligible employees with a spouse, son, daughter, or parent on active duty or call to active duty status in the National Guard or Reserves in support of a contingency operation may use their 12-week leave entitlement to address certain qualifying exigencies. Qualifying exigencies may include attending certain military events, arranging for alternative childcare, addressing certain financial and legal arrangements, attending certain counseling sessions, and attending post-deployment reintegration briefings.

FMLA also includes a special leave entitlement that permits eligible employees to take up to 26 weeks of leave to care for a covered servicemember during a single 12-month period. A covered servicemember is a current member of the Armed Forces, including a member of the National Guard or Reserves, who has a serious injury or illness incurred in the line of duty on active duty that may render the servicemember medically unfit to perform his or her duties for which the servicemember is undergoing medical treatment, recuperation, or therapy; or is in outpatient status; or is on the temporary disability retired list.

Benefits and Protections

During FMLA leave, the employer must maintain the employee's health coverage under any "group health plan" on the same terms as if the employee had continued to work. Upon return from FMLA leave, most employees must be restored to their original or equivalent positions with equivalent pay, benefits, and other employment terms.

Use of FMLA leave cannot result in the loss of any employment benefit that accrued prior to the start of an employee's leave.

Eligibility Requirements

Employees are eligible if they have worked for a covered employer for at least one year, for 1,250 hours over the previous 12 months, and if at least 50 employees are employed by the employer within 75 miles.

Definition of Serious Health Condition

A serious health condition is an illness, injury, impairment, or physical or mental condition that involves either an overnight stay in a medical care facility, or continuing treatment by a health care provider for a condition that either prevents the employee from performing the functions of the employee's job, or prevents the qualified family member from participating in school or other daily activities.

Subject to certain conditions, the continuing treatment requirement may be met by a period of incapacity of more than 3 consecutive calendar days combined with at least two visits to a health care provider or one visit and a regimen of continuing treatment, or incapacity due to pregnancy, or incapacity due to a chronic condition. Other conditions may meet the definition of continuing treatment.

Use of Leave

An employee does not need to use this leave entitlement in one block. Leave can be taken intermittently or on a reduced leave schedule when medically necessary. Employees must make reasonable efforts to schedule leave for planned medical treatment so as not to unduly disrupt the employer's operations. Leave due to qualifying exigencies may also be taken on an intermittent basis.

Substitution of Paid Leave for Unpaid Leave

Employees may choose or employers may require use of accrued paid leave while taking FMLA leave. In order to use paid leave for FMLA leave, employees must comply with the employer's normal paid leave policies.

Employee Responsibilities

Employees must provide 30 days advance notice of the need to take FMLA leave when the need is foreseeable. When 30 days notice is not possible, the employee must provide notice as soon as practicable and generally must comply with an employer's normal call-in procedures.

Employees must provide sufficient information for the employer to determine if the leave may qualify for FMLA protection and the anticipated timing and duration of the leave. Sufficient information may include that the employee is unable to perform job functions, the family member is unable to perform daily activities, the need for hospitalization or continuing treatment by a health care provider, or circumstances supporting the need for military family leave. Employees also must inform the employer if the requested leave is for a reason for which FMLA leave was previously taken or certified. Employees also may be required to provide a certification and periodic recertification supporting the need for leave.

Employer Responsibilities

Covered employers must inform employees requesting leave whether they are eligible under FMLA. If they are, the notice must specify any additional information required as well as the employees' rights and responsibilities. If they are not eligible, the employer must provide a reason for the ineligibility.

Covered employers must inform employees if leave will be designated as FMLA-protected and the amount of leave counted against the employee's leave entitlement. If the employer determines that the leave is not FMLA-protected, the employer must notify the employee.

Unlawful Acts by Employers

FMLA makes it unlawful for any employer to:

- Interfere with, restrain, or deny the exercise of any right provided under FMLA;
- Discharge or discriminate against any person for opposing any practice made unlawful by FMLA or for involvement in any proceeding under or relating to FMLA.

Enforcement

An employee may file a complaint with the U.S. Department of Labor or may bring a private lawsuit against an employer.

FMLA does not affect any Federal or State law prohibiting discrimination, or supersede any State or local law or collective bargaining agreement which provides greater family or medical leave rights.

FMLA section 109 (29 U.S.C. § 2619) requires FMLA covered employers to post the text of this notice. Regulations 29 C.F.R. § 825.300(a) may require additional disclosures.



For additional information: 1-866-4US-WAGE (1-866-487-9243) TTY: 1-877-889-5627

WWW.WAGEHOUR.DOL.GOV

