INTERNAL APPLICANT APPLICATION
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/DIVISION:_____

CURRENT POSITION HELD:_____ DEPARTMENT/DIVISION:_____

Personal

Applicant's full name (last, first, middle)			
Present Address: Street	City	State	ZIP Code

E-mail Address (Applicants will be contacted by e-mail if one is listed)	Phone Number ( ) Day ( ) Night	

Education

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

Professional licenses/certifications

TYPE	STATE	EXP. DATE	REGISTRATION

Why are you interested in this position?

If applicable to the position, 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 City of Marshfield			Dates From	To
Address	Street	City	State	ZIP Code
Job Title	Supervisor's name and title			
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)				
Reason for Leaving Position				

Employer's Name			Phone Number ( )	
Address	Street	City	State	ZIP Code
Job Title			Salary	
Dates From	To		Supervisor's Name and Title	
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)				
Reason for Leaving:				

Employer's Name			Phone Number ( )	
Address	Street	City	State	ZIP Code
Job Title			Salary	

Dates From To	Supervisor's Name and Title
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

Read the following carefully before signing

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT

I certify that the answers given by me in this application are true and correct without omissions of any kind. I understand that any false assertions, misleading statements, omissions or incorrect information provided on this application or information provided by applicant during the application process shall be a sufficient basis for denial of employment or immediate termination. I agree that the City of Marshfield shall not be held liable in any respect if my employment is terminated because of false assertions, misleading statements, omission or incorrect information made by me in this application. I also understand and agree that failure to provide requested information in a timely manner shall be sufficient basis for denial of employment.

I also authorize pertinent companies, schools, agencies, municipalities or persons to give to the City of Marshfield any information requested regarding my employment, character, experience and qualifications and/or suitability for employment with the City of M

arshfield including a check of my fingerprints and police record for the purpose of considering my suitability for hire. I hereby forever release, discharge and covenant not to sue any person or organization for any result of providing, obtaining or acting upon such information. I understand that such information is sought with confidentiality and will not be released to me in any form whatsoever.

In addition, a copy of this authorization is as valid as the original and should be recognized as such.

_____ _____

Date Signature

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