



APPLICATION FOR EMPLOYMENT CITY OF MARSHFIELD, WISCONSIN

WE CONSIDER APPLICANTS FOR ALL POSITIONS WITHOUT REGARD TO RACE, COLOR, RELIGION, SEX, NATIONAL ORIGIN, AGE, MARITAL 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.

The City of Marshfield Human Resources Office is located in City Hall Plaza, 630 South Central Ave., 7th Floor, P.O. Box 727, Marshfield WI 54449-0727. Telephone (715) 387-6597; Fax (715) 384-9310; E-mail hr@ci.marshfield.wi.us

POSITION APPLIED FOR: _____ DEPARTMENT: _____

Federal law prohibits the employment of unauthorized aliens. All persons hired must submit satisfactory proof of employment authorization and identity within 3 days of being hired. Failure to submit such proof within the required time shall result in immediate employment termination.

Personal

Applicant's full name (last, first, middle)			
Present Address:		City	State
			ZIP Code
E-mail Address (Applicants will be contacted by e-mail if one is listed)	()	Phone Number Day	If you are under 18 years of age, can you provide required proof of your eligibility to work? Yes No
	()	Night	
Where did you hear of position? Please be specific.			
I will accept:		What hours are you available to work?	
Full-time	Summer	Age 14 or older	
Part-time	Temporary	Yes	No
Are you now or have you ever been employed by the City of Marshfield?		Yes	No
If yes, when and in what capacity?			
Do you have relatives working for the City of Marshfield?		Yes	No
If yes, state your relationship:		Dept.:	
Do you possess a valid Wisconsin State driver's license?		Yes	No
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 State Commercial driver's license?		Yes	No
Are you able to perform the essential functions of the position for which you are applying?		Yes	No
If no, will you be able to perform the functions with an accommodation?		Yes	No
Are there any pending criminal charges against you, or have you ever plead guilty to or been convicted of any crime? Yes No			
If Yes, then please provide all information related to the pending charges, or the plea or conviction of the offense including, but not limited to, the date of the incident, the date of the plea or conviction, the factual circumstances of the incident, and the specific violation subject to the pending charge or the plea or conviction. Applicant is informed that his or her pending charges, guilty pleas or convictions will not automatically disqualify the applicant from employment unless the charges or conviction substantially relate to the job applied for or in the event the conviction substantially relate to the job applied for or in the event the conviction precludes the employee from performing an essential function of the job.			

Education

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

Professional licenses/certifications

TYPE	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	City	State	ZIP Code
Job Title	Supervisor's name and title		
Dates From To	Current Earnings: \$ _____ per		Check one: HR. MO. YR.
Describe duties (Be specific, include equipment operated and supervisory responsibilities if any)			
Reason for Leaving		If we contact this employer, will your employment be endangered? Yes No	

Previous Experience (Continued)

Employer's Name			Phone Number ()		
Address		City	State	ZIP Code	
Job Title		Earnings: \$ _____	Check one: per HR. MO. YR.		
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		City	State	ZIP Code	
Job Title		Earnings: \$ _____	Check one: per HR. MO. YR.		
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 OF EMPLOYER	TYPE OF BUSINESS	POSITION HELD	EARNINGS	REASON FOR LEAVING

References

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

NAME	TITLE/OCCUPATION	COMPANY/ADDRESS	PHONE NUMBER

Read the following carefully before signing

AUTHORIZATION AND ACKNOWLEDGEMENT FOR EMPLOYMENT

I acknowledge that I have received a copy of the Employee Rights and Responsibilities Under the Family and Medical Leave Act posting with this application.

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 if hired. 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 Marshfield 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.

I further understand that I may be asked to undergo a physical examination, including substance abuse screening, prior to appointment to a position with the City of Marshfield. Refusal to participate will result in the withdrawal of any offer of employment

Date

Signature

FOR PERSONNEL RESTRICTED BY RESIDENCY

If you are applying for a position for one of the job titles below, please read and sign this section.

Residency requirements for emergency personnel include the following:

All Police and Fire Personnel (except Administrative Assistant III and Police Records Specialist), City Administrator, Public Works Director, City Engineer, Building Services Supervisor, all Wastewater Utility employees and all Street Division employees (except Administrative Assistant II). (Read the following carefully. Sign and date the following statement)

I understand that, as one of the conditions of my employment with the City of Marshfield, I shall maintain my residence within 15 miles of the jurisdictional boundaries of the local governmental unit and I must establish residence within the specified area within 60 days after completion of my probationary period. Furthermore, I understand that I am to keep my supervisor informed and shall advise, in writing, of all changes of residence address. I further understand that if I should move outside the specified area, my position will be vacated and I will be deemed to have resigned employment with the City effective immediately.

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.

PLEASE PRINT OR TYPE

1. NAME: _____
Last, First, M.I.

2. ADDRESS: _____

3. POSITION APPLYING FOR:

4. GENDER: Please check Male Female

5. RACIAL GROUP: Please check

<input type="checkbox"/> W	White, not of Hispanic Origin – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	<input type="checkbox"/> H	Hispanic – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<input type="checkbox"/> B	Black or African American, not of Hispanic origin – All persons having origins in any of the Black racial groups of Africa.	<input type="checkbox"/> I	American Indian or Alaskan Native – All persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
<input type="checkbox"/> A	Asian – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent.	<input type="checkbox"/> P	Native Hawaiian or other Pacific Islander
		<input type="checkbox"/> T	Two or more races

6. VETERAN STATUS: (please check one)

A. None B. Veteran – branch of service _____ C. Active Reserves
Years _____ Type of Discharge _____

The American with Disabilities Act (ADA) defines an individual with a disability as “one who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment, or who is regarded as having such an impairment.”

Based on this definition are you an individual with a disability? Yes No

I acknowledge that I have received a copy of the Employee Rights and Responsibilities Under the Family and Medical Leave Act posting with this application.

Date

Signature