

# 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.

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

POSITION APPLIED FOR:		DE	EPARTMENT	`:		
employment authorization and shall result in immediate empl	oloyment of unauthorized aliens. d identity within 3 days of being loyment termination.					
Personal						
Applicant's full name (last, first, midd	ile)					
			- Control of the cont		am c i	
Present Address:	City		State		ZIP Code	
E-mail Address (Applicants will be	Phone Number		If you are un	der 18 years o	of age can v	ou provide
contacted by e-mail if one is listed)	( ) Day			of of your elig		
	( ) Night			Yes	No	
	<u></u>					
Where did you hear of position? Pleas	ise be specific.					
I will accept:  Full-time Summ	nor Ago 14 or older	What hours	are you avail	able to work?	)	
Part-time Tempo	·	110 1	, NT			
Are you now or have you ever been en	mployed by the City of Marshfie	eld? Y	es No			
If yes, when and in what capacity?						
Do you have relatives working for the	e City of Marshfield?	es No	0			
If yes, state your relationship:	Dept	t.:				
Do you possess a valid Wisconsin Star	ite driver's license?	Yes	No			
If no, do you possess a valid driver's	s license from another state?	Yes	No			
If yes, which state?						
Do you possess a valid Wisconsin Stat	ate Commercial driver's license?	Yes	No			
Are you able to perform the essential t			pplying?	Yes	No	
If no, will you be able to perform th	he functions with an accommoda	tion?		Yes	No	
Are there any pending criminal charg If Yes, then please provide all informal limited to, the date of the incident, the violation subject to the pending charge or convictions will not automatically to the job applied for or in the event the employee from performing an esset	ation related to the pending charge date of the plea or conviction, the or the plea or conviction. App disqualify the applicant from emphe conviction substantially relate	ges, or the pl he factual cir licant is info ployment un	lea or conviction or convictio	on of the offer of the incident or her pendin es or convicti	ense includin , and the spe g charges, gr ion substantia	ecific uilty pleas ally relate

## **Education**

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

## **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 St	ate	ZIP Code
Job Title	Supervisor's name and title		
Dates	Current Earnings:	Check one:	
From To	\$	per HR.	MO. YR.
Describe duties (Be specific, include equipmen	t operated and supervisory respons	ibilities if any)	
Reason for Leaving	If we contact this employer, will	your employment be ex Yes No	ndangered?

**Previous Experience (Continued)** Employer's Name Phone Number Address City State ZIP Code Job Title Earnings: Check one: \$\_ HR. MO. YR. per Supervisor's Name and Title Dates From To Describe duties (Be specific, include equipment operated and supervisory responsibilities if any) Reason for Leaving: Employer's Name Phone Number Address City ZIP Code State Job Title Earnings: Check one: MO. YR. per HR. Supervisor's Name and Title Dates 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 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		
	OR PERSONNEL RESTRICTED BY RESIDENCY a position for one of the job titles below, please read and sign this section.		
All Police and Fire Personnel (ex Public Works Director, City Engi	nergency personnel include the following: Accept Administrative Assistant III and Police Records Specialist), City Administrator, Administrative Assistant II). (Read the following carefully. Sign and date the following		
within 15 miles of the jurisdict the specified area within 60 days my supervisor informed and shall	onditions of my employment with the City of Marshfield, I shall maintain my residence ional boundaries of the local governmental unit and I must establish residence within after completion of my probationary period. Furthermore, I understand that I am to keep a divise, in writing, of all changes of residence address. I further understand that if I darea, my position will be vacated and I will be deemed to have resigned employment ely.		

Signature

Date

# \*\*\*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.

r-s-ismg as					
PLEASE	PRINT OR TYPE				
1. NAM	E:Last, First, M.I.				
2. ADDI	RESS:				
3. POSI	ΓΙΟΝ APPLYING FOR:				
4. GENI	<b>DER:</b> Please check Male	Female _			
5. RACI	AL GROUP: Please check				
W	White, not of Hispanic Origin – All persons having origins in any of the original peoples of Europe, North Africa, or the Middle East.	Н	<b>Hispanic</b> – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.		
B	Black or African American, not of Hispanic origin – All persons having origins in any of the Black racial groups of Africa.	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.		
A	Asian – All persons having origins in any of the original peoples of the Far East, Southeast Asia, or Indian Subcontinent.	P	Native Hawaiian or other Pacific Islander		
		T	Two or more races		
A. No	CRAN STATUS: (please check one)  ne B. Veteran – branch of service rs Type of Discharge		C. Active Reserves		
ı ca	Type of Discharge				
mental imp	can with Disabilities Act (ADA) defines an in airment that substantially limits one or more orded as having such an impairment."		n a disability as "one who has a physical or ivities, has a record of such an impairment, or		
Based on	Based on this definition are you an individual with a disability? Yes No				

I acknowledge that I have received a c Responsibilities Under the Family and this application.	1, 1, 5
Date	Signature