

**CITY OF TWO RIVERS
APPLICATION FOR EMPLOYMENT**

To Applicants: We appreciate your interest in our organization and assure you that we are sincerely interested in you. A clear understanding of your background and work history will aid us in placing you in the position that best meets your qualifications.

APPLICANT INFORMATION

Last Name	First	Middle	Date of Application
Address			Telephone No. (Include Area Code)
City	State	Zip	Cell Phone No. (Include Area Code)
Are you related to anyone in our employ? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please state name and relationship (include in-laws):			
Have you ever been convicted of any felony violation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe:			
<i>(Conviction of a crime does not automatically disqualify you from employment)</i>			

Please Provide your E-Mail Address: _____

INSTRUCTIONS:

If you need help to fill out this application form or for any phase of the employment process, please notify the person that gave you this form and every effort will be made to accommodate your needs in a reasonable amount of time.

1. Please thoroughly read all statements contained in this Application form.
2. Complete all pages of this form completely and accurately.
3. Print clearly. **Incomplete or illegible applications will not be processed.**
4. Do not fill out any other attached forms unless and until instructed.
5. You may attach additional sheets to the application to further explain or expand on your answers to the questions.
6. If you wish, you may attach your resume to this **completed** application.

APPLICANT NOTE:

This application form is intended for use in evaluating your qualifications for employment. This is not an employment contract. False or misleading statements during the interview and on this form are grounds for terminating the application process or, if discovered after employment, terminating employment. This application applies only to the position specified. It is considered inactive after 90 days. If at any time after this point you wish to be considered for employment with the City, another application will have to be completed.

EEO STATEMENT

We are an Equal Employment Opportunity employer, and do not discriminate in our hiring or employment practices. All qualified applicants will receive consideration without regard to race, color, creed, religion, national origin, age, disability, sex, or any other characteristic protected by State or Federal law.

EMPLOYMENT INFORMATION

Position Applied For: Full-Time Part-Time Seasonal (Circle One)	Date you can start	Salary/Hourly Rate desired
Are you employed now? <input type="checkbox"/> Yes <input type="checkbox"/> No	Would you accept temporary work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Have you worked here before? If yes, date/dept
<input type="checkbox"/> Yes <input type="checkbox"/> No Have you received a job description or had the requirements of the job explained to you? <input type="checkbox"/> Yes <input type="checkbox"/> No Do you understand these requirements? <input type="checkbox"/> Yes <input type="checkbox"/> No Can you perform the requirements of this job with or without reasonable accommodations?		

EDUCATION INFORMATION

School	Name of School/City & State	Check No. of Years Completed	List Diploma or Degree	Course of Study
High		1 2 3 4		
College		1 2 3 4		
Other (Specify)		1 2 3 4		

Special Training: _____

Driver's License Number: _____ State of Registration: _____ If commercial driver's license is required, list classification held and attach up to ten year employment history, if worked ten or more years. Have you ever been convicted of driving under the influence of alcohol or controlled substances? Yes No. If yes, provide date, where arrested, and under what circumstances. _____

EMPLOYMENT WORK HISTORY

(List Employers for the Past Ten Years - Last or Present Employer, First – Attach Additional Sheets if Necessary)

Name of Employer	Present		2.		3.	
Address						
Telephone						
Employment Dates	From	To	From	To	From	To
Salary	Start	Finish	Start	Finish	Start	Finish
Exact Title of Your Position						
Name/Title of Immediate Supervisor Immediate Supervisor						
Describe Your Duties						
Reason for Leaving						

REFERENCES
(Do Not Include Relatives)

Name & Occupation	Address/Phone	Years Known/Relationship

APPLICANT'S CERTIFICATION AND AUTHORIZATION

CERTIFICATION

I certify the answers given by me to the foregoing questions and any statements made by me are complete and true to the best of my knowledge and belief. I understand that any false information, omissions, or misrepresentations of facts regarding information called for in this application may result in rejection of my application, or discharge at any time during my employment. I also agree that, if City policy requires, I am willing to submit to drug testing to detect the use of illegal drugs prior to and during employment. I understand that if I am hired, my employment shall be "at-will," and that either the City or I can choose to terminate the employment relationship for any reason, or no reason at all, with or without notice.

AUTHORIZATION

I understand that background, drug, or medical testing may be conducted on me as part of the process to determine my fitness for employment, and hereby agree to submit to such testing. I authorize all persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities to release any information concerning my background or test results, and hereby release any said persons, schools, companies, medical practitioners, current and/or former employers, and law enforcement authorities from any liability for any damage whatsoever for issuing this information.

Applicants' Full Name _____
(PLEASE PRINT)

Signed

Dated

EMPLOYMENT DATA RECORD

Employees are treated during employment without regard to race, color religion, sex, national origin, marital or veteran status, medical condition or handicap, or any other legally protected status.

As an employer with an Affirmative Action Program, we comply with government regulations, including Affirmative Action responsibilities where they apply.

The purpose for this Data Record is to comply with government record keeping, reporting, and other legal requirements. Periodic reports are made to the government on the following information. The completion of this Data Record is optional. If you choose to volunteer the requested information, please note that all Data Records are kept in a Confidential File and are not a part of your Application for Employment or personnel file.

PLEASE NOTE: YOUR COOPERATION IS VOLUNTARY. INCLUSION OR EXCLUSION OF ANY DATA WILL NOT AFFECT ANY EMPLOYMENT DECISION.

VOLUNTARY SURVEY

(Please print)

Date: _____

Government agencies at times require periodic reports on the sex, ethnicity, handicap, veteran, and other protected status of employees. This data is for statistical analysis with respect to the success of the Affirmative Action program. **SUBMISSION OF THIS INFORMATION IS VOLUNTARY.**

Name		
Address		
City	State	Zip

Complete Only The Sections Below That Have Been Checked:

X	Current Job
X	(Check One) Male Female
X	Check one of the following: (Ethnic Origin) <input type="checkbox"/> White <input type="checkbox"/> Hispanic <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Black <input type="checkbox"/> Other <input type="checkbox"/> Asian/Pacific Islander
X	Check if any of the following are applicable <input type="checkbox"/> Vietnam Era Veteran <input type="checkbox"/> Disabled Veteran <input type="checkbox"/> Handicapped Individual
X	Birthdate

FOR PERSONNEL DEPARTMENT USE ONLY

Position(s) Applied For Is Open ___ Yes ___ No

Position(s) Considered For: _____

Other: _____

DISCLOSURE & RELEASE AUTHORIZATION

In connection with my application for employment with you, I understand that you may be requesting information concerning my driving record, credit history, criminal history, educational history, professional licensure and certification, workers' compensation claims, and/or other records available from various state, private, and insurance sources. Workers' compensation information will only be requested in compliance with the ADA.

I HEREBY AUTHORIZE, WITHOUT RESERVATION, ANY LAW ENFORCEMENT AGENCY, ADMINISTRATOR, STATE AGENCY, INSTITUTION, INFORMATION SERVICE BUREAU, EDUCATIONAL INSTITUTION, EMPLOYER OR INSURANCE COMPANY TO FURNISH THE ABOVE-MENTIONED INFORMATION, AND AGREE TO RELEASE THEM FROM ANY LIABILITY FOR ANY DAMAGE WHATSOEVER FOR ISSUING SUCH INFORMATION.

I further acknowledge that a telephonic facsimile (FAX) or photographic copy shall be as valid as the original. This release includes all state and federal agencies including the State of Wisconsin Workforce Development.

TODAY'S DATE _____ SIGNATURE _____		
The following must be filled out completely: <i>(Please print)</i>		
LAST NAME	FIRST NAME	MIDDLE INITIAL
OTHER NAMES I AM/HAVE BEEN KNOWN BY		
HOME ADDRESS		
CITY	STATE	ZIP
OTHER CITIES/STATES IN WHICH I HAVE LIVED		
SOCIAL SECURITY NUMBER		DATE OF BIRTH
DRIVER'S LICENSE NUMBER		STATE IN WHICH DRIVER'S LICENSE WAS ISSUED