



**TWO
RIVERS**
WISCONSIN

**APPLICATION FOR EMPLOYMENT
CITY OF TWO RIVERS**

www.two-rivers.org

Thank you for applying for employment with the City of Two Rivers.

Complete the entire application, including signature and date, to ensure consideration. A resume may be attached but is not a replacement for the information requested in the application. The City of Two Rivers does not retain applications for future position vacancies. If at any time after this point you wish to be considered for employment with the City, please complete an application at that time. The City of Two Rivers is an Equal Opportunity employer and does not discriminate based on race, color, religion, national origin, creed, age, marital status, sex, sexual orientation, disability, or any other characteristic protected by State or Federal law. Completed applications should be submitted to **City of Two Rivers, Human Resources, P.O. Box 87, Two Rivers, WI 54241**, dropped off in person at **City of Two Rivers City Hall, 1717 E Park Street, Two Rivers, WI 54241** or electronically to HR@two-rivers.org.

Incomplete or illegible applications will not be considered.

POSITION INFORMATION			
Position you are applying for:		Date:	
<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Seasonal Hours <input type="checkbox"/> Limited Term/Temporary			

APPLICANT INFORMATION							
Last Name		First		M.I.			
Street Address				Apartment/Unit #			
City				State		ZIP	
Phone			E-mail Address				
Date Available		Desired Salary		Comments			
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, are you authorized to work in the U.S.?	YES <input type="checkbox"/>	NO <input type="checkbox"/>		
Have you ever worked for the City of Two Rivers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, when?				
Are you related to anyone that is employed by the City of Two Rivers?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, please state name and relationship (include in-laws):				
Have you ever been convicted of a felony?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				
Have you ever been convicted of a misdemeanor crime of domestic violence?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				
Are you prohibited by state or federal law from possessing a firearm?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				
Do you possess a valid Wisconsin driver's license?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Driver's License Number:				
Do you possess a valid Wisconsin Commercial Driver's License?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Certifications:				
Have you ever been convicted of driving under the influence of alcohol or controlled substances?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If yes, explain:				

EDUCATION

High School				Address			
Did you graduate?		YES <input type="checkbox"/>	NO <input type="checkbox"/>	If no, have you passed a high school Equivalency or GED test?		YES <input type="checkbox"/>	NO <input type="checkbox"/>
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
College				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree
Other				Address			
From		To		Did you graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Degree

SPECIAL SKILLS OR QUALIFICATIONS

Describe any special skills applicable to this position:

Describe any additional training and experience applicable to this position:

REFERENCES

Please list three professional references.

Full Name		Title	
Organization		Phone	
Relationship			
Full Name		Title	
Organization		Phone	
Relationship			
Full Name		Title	
Organization		Phone	
Relationship			

PREVIOUS EMPLOYMENT (PLEASE LIST MOST RECENT FIRST)

Employer				Phone		
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Employer				Phone		
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Employer				Phone		
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

Employer				Phone		
Address				Supervisor		
Job Title				Starting Salary	\$	Ending Salary
Responsibilities						
From		To		Reason for Leaving		
May we contact your previous supervisor for a reference?				YES <input type="checkbox"/>	NO <input type="checkbox"/>	

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 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 the damage whatsoever for issuing this information.

Signature:**Date:****OPTIONAL: CONFIDENTIALITY**

Under Wisconsin State Statutes, the names of applicants must be revealed unless a request for confidentiality is received from the applicant. If you wish to keep your name confidential to the extent allowed by the Wisconsin Statutes, you need to sign the request below. Please understand that should you become a finalist for employment and a request is made, Wisconsin Statutes require us to release your name.

I request that my employment application and all related references and documents remain confidential to the extent allowed by Wisconsin Statutes since they would tend to reveal my identity.

Signature of Applicant: _____ Date: _____