

CITY OF PRAIRIE DU CHIEN JOB APPLICATION

THE CITY, IN ACCORDANCE WITH FEDERAL, STATE AND LOCAL LAWS DOES NOT DISCRIMINATE ON THE BASIS OF AGE, RACE, RELIGION, COLOR, SEX, NATIONAL ORIGIN, PHYSICAL OR MENTAL HANDICAP OR DISABILITY, CREED, SEXUAL ORIENTATION, ANCESTRY, ARREST OR CONVICTION RECORD, CITIZENSHIP STATUS, MARITAL STATUS, VETERAN STATUS OR MEMBERSHIP IN THE NATIONAL GUARD, STATE DEFENSE FORCE, OR ANY RESERVE COMPONENT OF THE MILITARY FORCES OF THE UNITED STATES OR WISCONSIN, OR ANY OTHER CHARACTERISTIC PROTECTED BY LAW. THE CITY ALSO IS REQUIRED BY LAW, BECAUSE OF ITS ASSOCIATION WITH THE FEDERAL GOVERNMENT, TO TAKE AFFIRMATIVE ACTION TO EMPLOY WOMEN, MINORITIES, OTHERWISE QUALIFIED INDIVIDUALS, AND VIETNAM/DISABLED VETERANS. THE CITY IS AN EQUAL OPPORTUNITY EMPLOYER.

PLEASE PRINT

TODAY'S DATE _____

POSITION APPLIED FOR:	HAVE YOU PREVIOUSLY APPLIED AT OR BEEN EMPLOYED BY THE CITY OF PRAIRIE DU CHIEN? IF YES, WHEN: <input type="checkbox"/> YES <input type="checkbox"/> NO		
LAST NAME	FIRST NAME	MIDDLE INITIAL	
LIST ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN WHICH WOULD BE NEEDED TO VERIFY WORK OR EDUCATION RECORDS		ARE YOU LEGALLY AUTHORIZED TO WORK IN THE U.S.? <input type="checkbox"/> YES <input type="checkbox"/> NO	
STREET ADDRESS	CITY	STATE	ZIP
PHONE NUMBER	Email		Driver License #
MAY A REFERENCE CHECK BE MADE WITH YOUR PRESENT EMPLOYER? <input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:			
ARE YOU UNDER 18 YEARS OF AGE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
HAVE YOU EVER BEEN CONVICTED OF, OR DO YOU CURRENTLY HAVE A CHARGE PENDING, FOR ANY VIOLATION OF LAWS OF THE UNITED STATES, STATE, COUNTY, CITY, VILLAGE, OR TOWN, INCLUDING MISDEMEANORS? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:			
HOW DID YOU FIND OUT ABOUT THIS POSITION?			

EDUCATION

SCHOOL	NAME & LOCATION OF SCHOOL	YEAR COMPLETED	GRADUATE? YES OR NO	DEGREE RECEIVED	MAJOR FIELD OF STUDY
HIGH SCHOOL					
COLLEGE					
POST GRADUATE					
OTHER					
DO YOU HAVE PLANS FOR FURTHER EDUCATION: <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, EXPLAIN:				ACADEMIC HONORS RECEIVED:	

MILITARY SERVICE (NOTE: VERIFICATION OF DISCHARGE TYPE WILL BE REQUIRED UPON HIRE.)

DATES: FROM: _____ / _____ TO: _____ / _____ (month) (year) (month) (year)	BRANCH:	FINAL RANK:
LIST KIND OF WORK PERFORMED AND TRAINING RECEIVED WHILE IN THE MILITARY:		
LIST ADDITIONAL TRAINING/SKILLS LEARNED:		

WORK HISTORY (LIST ALL PAST PERIODS OF EMPLOYMENT, MOST RECENT EMPLOYMENT FIRST AND SO ON.)

DATES OF EMPLOYMENT MONTH & YEAR	1.NAME OF COMPANY 2.ADDRESS OF COMPANY 3.IMMEDIATE SUPERVISOR & PHONE #	JOB TITLE & TYPE OF WORK PERFORMED	WAGE OR SALARY	REASON FOR LEAVING	MAY A REFERENCE BE MADE WITH THIS EMPLOYER YES OR NO?
FROM: TO:	1. _____ 2. _____ 3. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:
FROM: TO:	1. _____ 2. _____ 3. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:
FROM: TO:	1. _____ 2. _____ 3. _____				<input type="checkbox"/> YES <input type="checkbox"/> NO IF NO, EXPLAIN:

GENERAL

ARE YOU AVAILABLE TO WORK FULL TIME PART TIME TEMPORARY

ARE YOU ON LAYOFF AND SUBJECT TO RECALL? YES NO

IF EMPLOYED, WHEN COULD YOU REPORT FOR DUTY:

OTHER SKILLS/LICENSES/CERTIFICATIONS (PLEASE CHECK WHERE APPROPRIATE)

TYPING _____ WPM CAN YOU TRANSCRIBE MACHINE DICTATION? YES NO

COMPUTER SKILLS (EQUIPMENT/SOFTWARE USED) _____

CDL _____

PLEASE LIST ANY OTHER EQUIPMENT YOU CAN OPERATE OR OTHER CERTIFICATES/LICENSES WHICH MAY BE PERTINENT IN CONSIDERATION OF YOUR EMPLOYMENT. ARE THERE ANY OTHER JOB RELATED EXPERIENCES, SKILLS, OR QUALIFICATIONS WHICH WILL BE OF SPECIAL BENEFIT IN THE JOB FOR WHICH YOU ARE APPLYING?

REFERENCES PROFESSIONAL/WORK REFERENCES

NAME	ADDRESS	PHONE #	TITLE	HOW LONG KNOWN

ACKNOWLEDGEMENT OF TRUTHFULNESS

I certify that the answers and information contained in this application (and accompanying resume, if any) are true and correct to the best of my knowledge. I understand that falsification, misleading statements, or omissions concerning this application (and accompanying resume, if any) disqualifies me from further consideration and if discovered after hire will result in termination of my employment. I understand that the City of Prairie du Chien shall not be held liable in any way for my termination because of the falsity or misleading nature of statements, omissions, or answers given by me on this application (and accompanying resume, if any).

Dated: _____ Signature of Applicant _____

AT WILL EMPLOYMENT

I understand that filling out this application does not obligate the City of Prairie du Chien to offer me a job. I understand and acknowledge that my employment, benefits, and compensation are "at-will" and can be terminated with or without cause for any reason consistent with applicable state and federal law, city ordinance, or collective bargaining agreement, and with or without notice at the option of the City of Prairie du Chien or myself. I understand this application is not a contract of employment, express or implied. I understand no representative of the City of Prairie du Chien other than the City Council of the City of Prairie du Chien or its designee has any authority to enter into any oral or written agreement for employment for any specified period of time or to negotiate any agreement contrary to the foregoing.

Dated: _____ Signature of Applicant _____

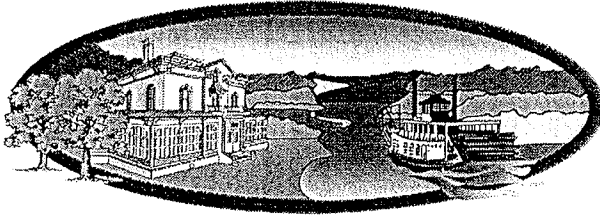
I wish my application and resume to remain confidential to the extent allowed by law. I understand that if I become a finalist for this position, my application and resume may be open to public inspection, per Sec. 19.36 Wis. Stats.

Yes No

Signature is required if you have checked yes

THIS APPLICATION WILL BE RETAINED FOR ONE (1) YEAR. HOWEVER, THE CITY DOES NOT GUARANTEE CONSIDERATION FOR FUTURE VACANCIES. YOU MUST NOTIFY THE CITY OF YOUR DESIRE TO HAVE YOUR APPLICATION CONSIDERED FOR ANY FUTURE VACANCY.

PLEASE RECHECK THIS APPLICATION. ALL QUESTIONS MUST BE ANSWERED



CITY OF PRAIRIE DU CHIEN

214 East Blackhawk Avenue
PO Box 324
Prairie du Chien, WI 53821
Phone: 608-326-6406
FAX: 608-326-8182

Authorization for Release of Information

(For official use only, not to be released to unauthorized persons)

I hereby empower an employee of the City of Prairie du Chien or other authorized representative thereof bearing this release to obtain information and records, within one year of the date of this release, pertaining to me from any or all of the following sources:

1. Municipal, State, or Federal law enforcement agencies
2. Selective Service System
3. Any banking institution
4. Any place of business (for purposes of obtaining credit or employment data)
5. Credit rating bureaus or institutions
6. Any previous employer
7. Present employer
8. Any school, college, university, or other educational institution
9. Any law enforcement or jail officer

Exceptions to this blanket authorization

1. Any medical information in the possession of any source named above until subsequent to a conditional offer of employment (per Americans With Disabilities Act).
2. _____
3. _____

This release is executed to authorize the City of Prairie du Chien, as a prospective employer, to obtain the above information. It is understood that said information shall be used only in consideration of my employment and shall not be further disseminated for any purpose.

Date Signature - Full Name

Address - Street and Number

City State Zip

Witness: _____
Signature